



Ignition Interlock Operator's Affidavit for Out-of-State Residents

A. Operator's Information (Please print)

| | | | | | |
|--|--------|------------|-------|-------------|--------|
| Last Name | | First Name | | Middle Name | Suffix |
| Date of Birth (MM/DD/YYYY) | | License # | | Phone # | |
| Residential Address (Where you actually reside) | | | | | |
| Street | Apt. # | City | State | Zip Code | |
| Mailing Address <input type="checkbox"/> (same as above) | | | | | |
| Street | Apt. # | City | State | Zip Code | |
| Email | | | | | |

A P.O. Box is NOT an acceptable form of Out-of-State Residency

- 1) _____ I understand that I am required under **Massachusetts General Laws, chapter 90, section 24 and 540 CMR 25.00**, to **install and maintain an Ignition Interlock Device** on each vehicle that I **own, lease, or operate**, as a condition of operating a motor vehicle in **Massachusetts**.
Initial _____

- 2) _____ I understand that if I fail to equip my vehicle with an **Ignition Interlock Device** while driving in Massachusetts that I am subject to **criminal** fines and penalties.
Initial _____

- 3) _____ In the event that I relocate to another state, I will **NOT** operate a motor vehicle in **Massachusetts unless** it is equipped with an **Ignition Interlock Device**, as long as I am required to maintain a device on my vehicle under Massachusetts law.
Initial _____

- 4) _____ I further understand that if I obtain a license in a state that does not require me to install an **Ignition Interlock Device** on my vehicle, that I will **NOT** operate a motor vehicle in **Massachusetts unless** it is equipped with an **Ignition Interlock Device**.
Initial _____

- 5) _____ I understand that if I obtain a license from another state and continue to maintain an **Ignition Interlock Device** on my vehicle, I will be credited for the time that I maintained a **Massachusetts Ignition Interlock Device** on my vehicle, should I return to Massachusetts and reapply for a Massachusetts license.
Initial _____

- 6) _____ In order to receive credit for the time I maintained an **Ignition Interlock Device** on my vehicle while residing outside of Massachusetts, I must provide the **Massachusetts Registry of Motor Vehicles** with **proof** that I **maintained** and **serviced** the **Ignition Interlock Device**, and was in **good standing**, during that period for which I seek credit.
Initial _____

- 7) _____ I understand that if I currently **reside** in another state or hold an out-of-state license which does **not** require the installation of an **Ignition Interlock Device**, I **cannot** drive a motor vehicle in **Massachusetts unless** it is equipped with an **Ignition Interlock Device**.
Initial _____

- 8) _____ I understand that in order to participate in the **Ignition Interlock Program**, I must have an **active license/permit** from **Massachusetts** or an **active, unrestricted Out of State license**, and the **Ignition Interlock Vendor must be required to report to Massachusetts**.
Initial _____

B. List Each Vehicle Owned, Leased, or Driven by the Operator (Use additional pages to list if necessary)

| Make | Model | Registration # | VIN # |
|------|-------|----------------|-------|
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Continued on Next Page

I certify under the penalty of perjury that the information I have provided is true and correct to the best of my knowledge.

Operator's Signature: _____ Date: _____

C. Notary Public Information

Notarization: On this _____ day of _____, _____, the undersigned personally appeared and swore under the penalties of perjury that the contents of the document are truthful and accurate to the best of his/her knowledge.

Signature of Notary Public: _____

| | |
|---------------------------|-------------|
| RMV Use Only | |
| Hearings Office ID: _____ | Date: _____ |