



Ignition Interlock Operator's Affidavit Other Licensed Resident

All licensed residents living in a household with a driver who is required to have an Ignition Interlock Device installed must complete this affidavit and submit it to the Registry of Motor Vehicles. **Photocopy this blank form for additional licensed 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

- I understand that, as long as the operator listed below has a restriction requiring an Ignition Interlock Device, he/she may not drive any vehicle that does not have such a device installed. I understand that it is a crime to knowingly allow an operator with an interlock device restriction to operate a vehicle without such a device. I understand that it is punishable by a fine of not more than \$500 and one year in the house of correction on a first offense, and a fine of not more than \$1000 and up to 2 ½ years in the house of correction for a subsequent offense. In addition, the Registrar may revoke my license or registration for up to 1 year.
- 1) _____
Initial
- I understand that it is a criminal offense to blow into an Ignition Interlock Device for another person, punishable by a fine of not less than \$1,000 and not more than \$5,000, or not less than 6 months not more than 2 ½ years in the house of correction for a first offense, and not less than 3 years nor more than 5 years in state prison for a subsequent offense.
- 2) _____
Initial
- I have read the above terms and conditions, and agree to them. I understand that failure to abide by them will subject me to a loss of license or registration, and potential criminal penalties as stated.
- 3) _____
Initial

B. List All Vehicles Owned and Driven by Licensed Resident (Use additional pages to list if necessary)

| | | | |
|------|-------|----------------|-------|
| Make | Model | Registration # | VIN # |
| Make | Model | Registration # | VIN # |
| Make | Model | Registration # | VIN # |

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

Licensed Resident's Signature: _____ Date: _____

Information About the Driver Requiring the Ignition Interlock Device

| | |
|-----------------|-----------|
| Operator's Name | License # |
|-----------------|-----------|

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: _____ |