

Ignition Interlock Participation Agreement

120 State Street Montpelier, Vermont 05603-0001 802.828.2061 Toll Free: 888-99-VERMONT

TTD: 711

DEPARTMENT OF MO	TOR VEHICLES
Agency of Transportation	

dmv.vermont.gov

Name	Last		First	Midd	le
License Number			License issued in		
			☐ Vermont ☐ Other:		
Address Where	You Get Your M	ail (mailing address) - Include Street Nur	mber and Name (If PO or Private Box, also fill	in "Address Where Yo	ou Live" below)
			City or Town	State	Zip Code
Address of Res	sidence (physical	address) – This address will be printed on yo	Dur license		
			City or Town	State	Zip Code
					1
Social Secur	ity Number*	Date of Birth (MM/DD/YYYY)	Place of Birth (City, State & Country)		
		federal identification number is mandatory, otor Vehicles in the administration of motor			
Phone	ne Department of Mc	terretes in the administration of motor	Email		

Certification

I understand this Agreement shall include my commitment to fulfill the program requirements, which shall include completing the program <u>in its entirety</u>, for the required length of time. If I choose to participate in the program by installing an IID, I will not remove the IID from my vehicle until I have fulfilled the terms of restoration described in this Agreement.

I understand I must have an Ignition Interlock Device (IID) in each vehicle I operate during the entire time I am subject to the requirements of an Ignition Interlock Device Restricted Driver's License (RDL).

I understand if I remove the IID from my vehicle before I am eligible to do so, I will be suspended until I have an IID re-installed in my vehicle. I understand the suspension will have a ten (10) day lead time and the suspension will be mailed to me. The time that I am under suspension will **not** count towards the required length of time I need the IID and the violation will result in an extension of my IID requirements.

I understand the device must be calibrated (or swapped out, if applicable) in accordance with Vermont Ignition Interlock Laws and the Ignition Interlock Program Rules.

I understand that any violation of the terms outlined in the Vermont Ignition Interlock Laws and the Ignition Interlock Program, may result in sanctions being imposed.

I have reviewed, and understand, the Vermont Ignition Interlock Program Frequently Asked Questions.

I fully understand I am entering into an agreement with the Vermont Department of Motor Vehicles, for which I agree I will abide by the Vermont Ignition Interlock Laws, and the Ignition Interlock Program Rules.

Violations / Extensions

I understand the following violations will result in an extension of my IID requirements: If you make **three (3)** attempts to **start** a vehicle with a BAC of .04 or above, your IID requirements will be extended for a period of three (3) months.

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DEPARTMENT OF MOTOR VEHICLES

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- Any subsequent 3 attempts to start a vehicle with a BAC of .04 or above, will result in additional three (3) month extensions which will run consecutively (following one after the other).
 - **Example:** If your IID requirements were to end on January 1, 2016; but you made 3 attempts to start a vehicle with a BAC of .04 or above, your IID requirements would have been extended until April 1, 2016. If you make another 3 attempts to start a vehicle with a BAC of .04 or above, your IID requirements will be extended another 3 months; until July 1, 2016.
- 1. If you fail one (1) random retest due to a BAC of .04 or above, but less than .08, your IID requirements will be extended for a period of three (3) months.
 - Any **subsequent** random retest failures due to a BAC of .04 or above, but less than .08, will result in additional three (3) month extensions which will run consecutively (following one after the other).
 - **Example:** If your IID requirements were to end on January 1, 2016; but you failed a random retest due to a BAC of .04 or above, but less than .08, your IID requirements would have been extended until April 1, 2016. If you fail another random retest due to a BAC of .04 or above, but less than .08, your IID requirements will be extended another 3 months; until July 1, 2016.
- 2. If you fail one (1) random retest due to a BAC of .08 or above, your IID requirements will be extended for a period of six (6) months.
 - Any subsequent random retest failures due to a BAC of .08 or above will result in additional six (6) month extensions which will run consecutively (following one after the other).
 - **Example:** If your IID requirements were to end on January 1, 2016; but you failed a random retest due to a BAC of .08 or above, your IID requirements would have been extended until July 1, 2016. If you fail another random retest due to a BAC of .08 or above, your IID requirements will be extended another 6 months; until January 1, 2017.
- 3. If you (a) operate a motor vehicle not equipped with an IID, or (b) attempt to tamper with or circumvent the device, or (c) failure to pullover after failing a random retest; your IID requirements will be extended for a period of six (6) months.
- 4. If you miss a required service visit to have the IID calibrated, your IID requirements will be extended for a period of sixty (60) days.

License Restoration

I agree to the terms of restoration of a non-IID restricted Driver's License as follows:

- For Driving Under the Influence offenses:
- ✓ If this was your 1st offense: Operate under the terms and requirements of an RDL for 90 days from the date of reinstatement, as well as completion of IDRP, etc.
- ✓ If this was your 2nd offense: Operate under the terms and requirements of an RDL for 18 months from the date of reinstatement, as well as completion of IDRP, etc.
- ✓ If this was your 3rd or subsequent offense: Operate under the terms and requirements of an RDL for 3 years, **plus** prove Total Abstinence (see below).

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For applicants under 21 suspended under 23 V.S.A. § 1216:

- ✓ If this was your 1st offense: Operate under the terms and requirements of an RDL for 6 months from the date of reinstatement, as well as completion of IDRP, etc.
- ✓ If this was your 2nd or subsequent offense: Operate under the terms and requirements of an RDL for 1 months or until reaching the age of 21, whichever is longer; as well as completion of IDRP, etc.

For Refusal to Consent to Breath Test offenses:

- ✓ If this was your 1st offense: Operate under the terms and requirements of an RDL for 6 months from the date of reinstatement, as well as completion of IDRP, etc.
- ✓ If this was your 2nd offense: Operate under the terms and requirements of an RDL for 18 months from the date of reinstatement, as well as completion of IDRP, etc.
- ✓ If this was your 3rd or subsequent offense: Operate under the terms and requirements of an RDL for 3 years, **plus** prove Total Abstinence (see below).

For applicants under the age of 21:

- ✓ If this was your 1st offense: Operate under the terms and requirements of an RDL for 6 months from the date of reinstatement, as well as completion of IDRP, etc.
- ✓ If this was your 2nd or subsequent offense: Operate under the terms and requirements of an RDL for 18 months from the date of reinstatement or until reaching the age of 21, whichever is longer; as well as completion of IDRP, etc.

For Total Abstinence applicants:

- If you apply for reinstatement through the Total Abstinence Program. You will:
 - Operate under the terms of the RDL during your three (3) years of abstinence,
 - You will need to have proven you have abstained from the use/consumption of alcohol, illegal drugs, marijuana, and taking a regulated prescribed drug inconsistent with the prescribing label for three years prior to applying to the Total Abstinence Program.
- If you regain your Driver's license under the Total Abstinence program but were subsequently found to have consumed any amount of alcohol, you will be required to have an IID in your vehicle permanently.

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Agreement of Terms

I agree that the State of Vermont, its representatives, and employees are not liable for any result of property damage and/or injury or death to persons which arise, directly or indirectly, during the use of an IID. I understand that any false information provided may result in the termination of my participation in the Ignition Interlock Program. My signature on this Agreement signifies that I have read, understand, and agree with this Agreement in its entirety.

Signature of Applicant	Date Signed
Notar	ization
State of Vermont,	County, ss
On this day of	20 personally appeare
	, and acknowledged this Agreement, b
him/her signed and sealed to	be his/her free act and deed.
Before me	
No	otary Public
My commission expires	. 20

Notary Seal

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