

**CLIENT AUTHORIZATION AND REQUEST FOR LEASE EXTENSION**

Client Name: \_\_\_\_\_

DL#: \_\_\_\_\_

Address: \_\_\_\_\_

Old Lease Date: \_\_\_\_\_

New Lease Date: \_\_\_\_\_

I do hereby consent, request and authorize the Ignition Interlock Provider to extend the date on my lease agreement. I understand this may waive my right to a hearing to contest the extensions set forth by the Department of Revenue, Division of Motor Vehicles, Driver License Offices. By requesting a lease extension, I authorize the Ignition Interlock Provider to send this information to the Department of Revenue, Division of Motor Vehicles, Driver License Offices as well as any other monitoring agencies and authorities.

I understand and accept full responsibility for this request as well as verifying a lease extension is required. Furthermore, it is my sole responsibility to check and validate eligibility requirements for removal and reinstatement.

By signing below, I acknowledge that I have read and understand the terms of this Authorization, and I authorize the changes to be made as requested above.

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**Client Signature**

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**Date**

Instructions: This form along with a copy of client's photo ID must be faxed to (800) 971-2204. Upon receipt, the Ignition Interlock Provider will update the lease date and send electronically to the Departments noted above. A copy of the lease extension will be available after 24 hours. All requests received after 12pm MST will be handled the following business day.

**\*A VALID COPY OF CLIENT'S CURRENT PHOTO ID MUST ACCOMPANY THIS FORM\***

Acceptable Forms of ID: Driver's License, State ID, Military ID, or Passport