

COLORADO STATE IGNITION
INTERLOCK PROGRAM
VEHICLE SERVICE AFFIDAVIT

This form must be completed by an automotive service technician(s) when a vehicle equipped with a Colorado State certified ignition interlock device is serviced at a state-licensed automotive repair or service facility. The completed form must be turned in to the ignition interlock provider by the below-named restricted driver at the next service appointment.

Attach a copy of all invoices and/or receipts associated with this vehicle service.

Restricted Driver

First Name

Last Name

Driver's License Number

Driver's License State

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Phone Number

Vehicle Information and Ignition Interlock Device Manufacturer

Vehicle License

State

Make

Model

Color

Year

Vehicle Identification Number (VIN)

☐ Draeger

☐ Intoxalock

☐ LifeSafer

☐ Simple

☐ Smart Start

Automotive Service Facility

Name of Facility

UBI, State Business License or Dealer Number

City

State

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Phone

Date Vehicle Received

Time

Date Vehicle Released

Time

Automotive Service Technician(s)

Name of Technician(s) Performing the Work

Sworn Declaration *(to be signed by automotive service technician only)*

I declare the above-identified vehicle was serviced by the above-identified technician(s) during the time period indicated above. The service completed on this vehicle was done for the purpose of mechanical repair of the vehicle and the person subject to the interlock restriction did not operate the vehicle during this time period.

I declare under penalty of perjury under the law of Washington that the foregoing and the accompanying reports/copies of documents and the information contained therein are true and correct.

Print Name

Location Signed (City, County, State)

Signature

Date