

Driver Solutions
 300 SW 29th Street
 PO Box 2021
 Topeka KS 66601-2021



Phone: 785-296-3671
 Fax: 785-296-6851
 www.ksrevenue.org

Laura Kelly, Governor

IGNITION INTERLOCK MANUFACTURER APPLICATION

Initial Ignition Interlock Device Certification		Renewal of Ignition Interlock Device Certification	
Manufacturer Information 92-56-2(1)		<input type="checkbox"/> \$2500.00 Application Fee (nonrefundable)	
Name of Manufacturer			
Address			
Street		City	ST.
Phone Number			
Device Certification 92-56-2(2-3)			
Name of Device			
Model number			
Once the device has been approved by KDHE, the manufacturer has 6 months to provide the following:			
Representative for Kansas 92-56-2(6)		<input type="checkbox"/> \$2500.00 6 months Certification Fee (New Application)	
Name			
Address (physical location)			
Street		City	ST.
Mailing Address (if different)			
Street		City	ST.
Phone Number			
Liability Insurance 92-56-2(5) & 92-56-3			
Business License Number (FEIN)		County	
Liability Insurance Carrier			
Policy Number		Effective Dates of Policy	
		<i>From</i>	<i>To</i>
Agent Name		Phone Number	

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STATE OF KANSAS



GOVERNOR JEFF COLYER, M.D.
SAMUEL M. WILLIAMS, SECRETARY

DEPARTMENT OF REVENUE
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24/7 Phone Coverage 92-56-2(4)

Phone Number

Distribution 92-56-2, 4(6ef4) & 8(j1-3)

- List of names/addresses of current installers 92-56-1(G-4)
- Map of Kansas showing area covered by each service center provider's fixed site 92-56-1(G-4)
- Proof of liability insurance (for each service center) 92-56-2 (5)
- Copy of lease agreement 92-56-4(6ef4)
- Copy of signage of locations 92-56-4(6ef4)
- Copy of waiting rooms 92-56-4(6ef4)
- Copy of bathrooms 92-56-4(6ef4)
- Copy of installation bins 92-56-4(6ef4)
- Copy of fee schedule 92-56-2 (8i)
- Copy of training material 92-56-2 (8h)
- Copy of a Wet/Dry Bath Calibrator user manual for each different calibration machine used by your Company 92-56-2 (8h)
- Statement that they have read, understand and agree to uphold rules governing KS BAIID providers(below)
- Statement agreeing to indemnification and hold harmless provisions on letterhead
- Sales brochures or other informational material available at no cost to the state 92-56-2(8h)
- Copy of each service center information sheet. – IIDF3

New applicants: Upon completion of the 6 months, the division will certify the manufacturer if all requirements have been met. The manufacturer will remit the remainder of the application fee. Certification is valid for 3 years from date of certification. If all requirements have not been met the manufacturer will receive a denial letter.

I hereby apply for the Ignition Interlock Provider Certificate which shall be valid for three (3) years (K.S.A. 92-56-2 (8e)). I affirm that I have read and understand the obligations of the Ignition Interlock Device Provider set forth in the *Rules & Regulations of Ignition Interlock Device Program 92-56-1-9* and I am fully capable of carrying out said obligations. I give consent for the Kansas Department of Revenue to conduct whatever investigations necessary to determine my eligibility to hold such Certificate. I understand that false, misleading, or incomplete information in my application may result in denial, cancellation, suspension, or revocation of the Certificate, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Printed Name: _____

Signature: _____

Date: _____

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<p>New applications: (\$2500.00 6 months certification for KDOR; non-refundable)</p> <ol style="list-style-type: none"> 1) Fill out Manufacturer information 2) Device Certification 3) Once device has been approved by KDHE, the manufacturer has 6 months to provide the information beginning with Representative through Provider Certification statement. 4) Sign and date application 5) Approved by KDHE (\$4000.00) and KDOR (\$2500.00 3 year certification, non-refundable) 6) Return to: Attn: Laurie Martinez KHP Headquarters 122 SW 7th St Topeka KS 66603 	<p>Recertification provide the following:</p> <ol style="list-style-type: none"> 1) Fill out Manufacturer information 2) Device Certification 3) Representative for Kansas 4) Liability Insurance 5) 24/7 Phone coverage 6) Distribution section 7) Read Ignition Interlock Provider statement, sign and date application <p>Once device has been approved by KDHE (\$4000.00), the certification is valid for 3 years. (\$2500.00 KDOR)</p>
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For KDOR use only

Reviewed by:		Date	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		
<input type="checkbox"/> Payment Received	Amount:		

For KDHE use only

NHTSA Approval date:

Sample provided <input type="checkbox"/> Yes <input type="checkbox"/> No	KDHE Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Date approved: _____	

Name of Testing Laboratory Representative in Charge of Testing	Ignition Interlock Device Model Number
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The _____, manufactured by _____

Ignition Interlock Make and Model Name

_____, was tested by _____

Manufacturer Name	Laboratory Name
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VOID
 Without State Seal