## VERIFICATION OF IGNITION INTERLOCK ASSISTANCE



<u>Instructions</u>: *Print clearly and legibly*.

INSTALLER INFORMATION (Must be	completed by an aut	thorize	ed installe	er)					
SERVICE CENTER NAME		CONT	CONTACT PERSON (Please Print)				CONTACT PHONE		
ADDRESS		CITY	CITY		STAT	E	ZIP		
DATE(S) OF SERVICE	AMOUNT PAID	TYPE	OF FEE PA	Monthly Lease Installation Fee		☐ Lockout Fee ☐ Other			
AUTHORIZED INSTALLERS SIGNATURE					DATE				
DRIVER INFORMATION									
LAST NAME			FIRST NAME				DATE OF BIRTH (mm/dd/yyyy)		
ADDRESS			CITY			STATE	ZII	Р	
WYOMING DRIVER LICENSE NUMBER				SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) NUMBER					
I hereby certify that I am eligible to receive opursuant to W.S. 31-7-401(b)(vii).	one-half (1/2) of the	cost	of the ign	ition interlock dev	vice insta	allation f	ee and	monthly service fee(s)	
DRIVER'S SIGNATURE						DATE			
NOTE: Approval to receive half of the ignare eligible and qualified to participate it eligibility is cancelled by Wyoming Depart any of the conditions of maintaining the circumvent the device, you will no longer be	n the Federal Supp ment of Family Ser ignition interlock	lemen vices, devi	ntal Nutr you will	ition Assistance not be eligible j	Progran	n (SNA) nued as.	P). If, sistanc	for any reason, your e. Also, if you violate	
OFFICE USE ONLY									
☐ Yes, applicant is eligible ☐ No, applicant is not eligible						MVID N	MVID NUMBER		
DATE VOUCHER SUBMITTED TO FINANCIAL SERVICES						DATE VERIFIED BY DFS			
REASON FOR INELIGIBILITY									
DRIVER SERVICES SUPERVISOR						DATE A	APPROVE	ED/DENIED	

Should you have any questions regarding this form, please contact the Customer Service Desk at 307-777-4810.

Mail to: WYDOT -Driver Services 5300 Bishop Boulevard Cheyenne, WY 82009-3340

OR Fax to: 307-777-4922

This form is also available on the WYDOT-Driver Service Website at http://www.dot.state.wy.us/home/driver\_license\_records/forms/ignition-interlock-and-suspension-forms.html