

**NEW YORK STATE OFFICE OF PROBATION AND CORRECTIONAL ALTERNATIVES
IGNITION INTERLOCK MANUFACTURER CERTIFICATION**

INSTRUCTIONS: DCJS Rule Section 358.5(c)(10) requires that qualified manufacturers shall provide written certification to the Office in a format prescribed by the Office regarding their installation service providers. Please complete this certification form and return it with the completed contract. This certification must be signed by the individual authorized to make contractual commitments on the applicant organization's behalf.

Applicant Organization: _____

CERTIFICATION

I certify that all installation/service providers:	
(i) have been trained in advance as to installation, maintenance, troubleshooting, set point requirement of .025 BAC percent, and recalibration of such manufacturer's devices;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) have instructions as to installation and usage of the manufacturer's devices and agreed to comply with applicable provisions of division regulation 9 NYCRR Part 358;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) have agreed to comply with their manufacturer's service agreements;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv) have agreed to provide hands-on training to the operator, any member of the same family or household, or any owner of a motor vehicle in which an ignition interlock device is being installed, with a valid driver's license who appears with the operator at installation to receive training as to the operation of an installed device on the vehicle, and to provide written or video instructional material to the operator;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(v) have been informed of New York State law governing circumvention of ignition interlock devices and penalties associated therewith;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(vi) have agreed to safeguard personal information with respect to any operator and any reports and provide access to such records only as authorized herein, by law, or by court order; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
(vii) have been made aware that non-compliance will result in immediate removal and updating the listing of installation/service providers. An installation/service provider may be reinstated by the Office upon satisfactory proof from the qualified manufacturer of corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I attest to the accuracy and truthfulness of the information contained in this certification.

Signature _____ Date _____

Title _____