

Ignition Interlock Affidavit- Additional Licensed Resident

Any new licensed resident living in a household with a driver who is required to have an Ignition Interlock Device installed must complete this affidavit and submit it to the Registry of Motor Vehicles, Driver Control Unit, Attention Interlock Program, PO Box 55896, Boston, MA 02205. Photocopy this blank form for additional licensed residents.

Licensed Resident's Information:

(Please Print)

Licensed Resident Name: _____

DOB: _____ License #: _____

Residential Address: _____

Mailing Address: _____

Initial

I understand that, as long as the operator listed below has a restriction requiring an Ignition Interlock Device, he/she may not drive any vehicle that does not have such a device installed. I understand that it is a crime to knowingly allow an operator with an interlock device restriction to operate a vehicle without such a device. I understand that it is punishable by a fine of not more than \$500 and one year in the house of correction on a first offense, and a fine of not more than \$1000 and up to 2 ½ years in the house of correction for a subsequent offense. In addition, the Registrar may revoke my license or registration for up to 1 year.

Initial

I understand that it is a criminal offense to blow into an Ignition Interlock Device for another person, punishable by a fine of not less than \$1,000 and not more than \$5,000, or not less than 6 months not more than 2 ½ years in the house of correction for a first offense, and not less than 3 years nor more than 5 years in state prison for a subsequent offense.

Initial

I have read the above terms and conditions, and agree to them. I understand that failure to abide by them will subject me to a loss of license or registration, and potential criminal penalties as stated.

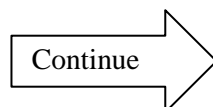
List all vehicles owned and driven by licensed resident:

(Please Print)

Make: Model: Reg. #: VIN #

Make: Model: Reg. #: VIN #

Make: Model: Reg. #: VIN #



The information I have provided on this form is true and accurate. Signed under the penalties of perjury:

Licensed Resident's Signature

Date

Information about the Driver Requiring the Ignition Interlock Device:

Operator's Name: _____

License #: _____

Notary Public Information:

Notarization: On this _____ day of _____, _____, the undersigned personally appeared and swore under the penalties of perjury that the contents of this document are truthful and accurate to the best of his/her knowledge.

Signature of Notary Public

RMV USE ONLY

Hearings Officer ID: _____

Date: _____