

Sanctions For Violating The Ignition Interlock Requirements:

- 1) _____
Initial
- I understand that, as long as I have an **Ignition Interlock Device** restriction, I may **NOT** operate **ANY** vehicle that does not have a functioning **Ignition Interlock Device**. This includes any vehicle I **own, lease, rent, borrow, use in employment, or have access to**. If, after a hearing, it is found that I have violated this provision, then my license will be **revoked** for the remainder of my hardship period, plus an additional **10 years**. In the event my license has been fully reinstated, it will be **revoked for 10 years**. *I also understand that the **criminal penalties** for doing so are a fine of **\$1,000 to \$15,000**, and not less than **180 days or up to 2 ½ years in the house of correction** for a first offense, and not less than **2 ½ years or up to 5 years in state prison** for a second or subsequent offense.* I understand that anyone who allows me to operate a vehicle without an Ignition Interlock Device may be subject to **criminal penalties**.
- 2) _____
Initial
- I have listed all licensed drivers at my residence, and have informed them of the requirements of an Ignition Interlock Device as a condition of my license. **I also understand I have an ongoing obligation to update this information with the Registry of Motor Vehicles.**
- 3) _____
Initial
- I understand that a lockout will occur if: 1. I miss a service visit appointment 2. Fail two (2) startup tests blood alcohol concentration greater than .02.) 3. Two (2) missed rolling re-test 4. One (1) failed rolling re-test.** If my Ignition Interlock Device is locked out, I understand that the Registry will consider any lockout of the device to have been caused by me, and also understand that it is **my** responsibility to inform anyone using my vehicle(s) of that. **Since any lockout of my vehicle will be assessed against me, I accept responsibility for any lockouts of the vehicles I own.**
- 4) _____
Initial
- I understand that a **lockout** will be reported to the Registry, and that in some cases, a **single lockout** will initiate a **Registry hearing** on my license, and, in other cases, **two (2) lockouts** will initiate a **hearing**. **I also understand that, in cases where a single lockout does NOT by itself initiate a Registry hearing, I have 30 days from the date of lockout to appear before a Registry Hearings Officer to contest the lockout if I believe that the lockout should not be held against me. Failure to appeal a lockout within this 30 day period will extinguish all my right to contest the circumstances of this lockout at any future time or at any future Registry hearing.**
- 5) _____
Initial
- I understand that **each vehicle** with an **Ignition Interlock Device** that I **own, operate, or lease, must** be brought into a **service center within 30 days** of the previous visit, or the unit(s) will **“lock out”** my vehicle(s). Upon a **second lockout for a missed service visit**, if cause is found after a hearing, my license will be **revoked** for the **remainder of my hardship period, plus an additional 10 years**. In the event my license has been fully reinstated, it will be **revoked for 10 years**.
- 6) _____
Initial
- I understand that it is a **criminal offense** to **circumvent, interfere** with, or **tamper** with a certified **Ignition Interlock Device** with the intent to disable such device, **punishable by imprisonment in the house of correction** for not less than **6 months nor more than 2 ½ years**, or in **State Prison** for not less than **3 years nor more than 5 years**.
- 7) _____
Initial
- I understand that having **any other person blow** into the **Ignition Interlock Device, use any device** other than my own mouth **to provide a sample**, or otherwise **tamper** with, **remove**, or **compromise** the **Ignition Interlock Device** in any way constitutes a **violation** of my restricted license. *If cause is found after a hearing, my license will be **revoked** for the remainder of my hardship period, plus an **additional 10 years**. In the event my license has been fully reinstated, it will be **revoked for 10 years**.*
- 8) _____
Initial
- I understand that a **“failed test”** is one with a blood alcohol concentration **greater than .02**. **Two (2) failed tests** between service periods will result in my vehicle being **“locked out.”** Upon a second **lockout for a failed test**, if cause is found after a hearing, my license will be **revoked** for the **remainder of my hardship period, plus an additional 10 years to lifetime**. In the event my license has been fully reinstated, it will be **revoked for 10 years to lifetime**.

9) _____
Initial

I understand that, after I start my vehicle, the **Ignition Interlock Device** will require **one or more “rolling re-tests.”** When the **Ignition Interlock Device** alerts me to perform a **rolling re-test**, I will be required to do so within **five (5) minutes**. **Failure** to do so will cause a **missed rolling re-test**. **Two missed rolling re-tests** will result in a **lockout** of the vehicle. **Two (2) lockouts**, If cause is found after a hearing, my license will be **revoked** for the remainder of my **hardship period**, plus an **additional 10 years**. In the event my license has been fully reinstated, it will be **revoked for 10 years**.

10) _____
Initial

I understand that **I cannot operate a motorcycle**, as **Ignition Interlock Devices** will **NOT** be installed on motorcycles. Motorcycle license must be **downgraded** to a **class “D” license** only. I will be required to take full exam to obtain a new motorcycle license, once the interlock program is completed.

11) _____
Initial

I understand that I may not have an **Ignition Interlock Device removed** without **written, stamped authorization** of the **Registrar**. To have a device(s) removed, all Ignition Interlock providers will require such authorization.

12) _____
Initial

I understand that the **early removal** of the **Ignition Interlock Device** will result in an **immediate revocation** of my license. I may **NOT** operate any motor vehicle in the **Commonwealth of Massachusetts**, regardless of license status of another jurisdiction, until the interlock requirements as prescribed by Massachusetts law are fulfilled. I further acknowledge that any **suspension or revocation** time assessed during my interlock program will be **added to the initial interlock term end date**. Whenever my **license/right to drive** is **suspended or revoked**, I am no longer active in the program and will **NOT** receive credit toward the interlock program.

13) _____
Initial

I understand that if my vehicle becomes **disabled, totaled or repossessed** it is my **immediate** responsibility to report to a hearings officer for early removal. I will need to provide proof of **new installation and complete new affidavits** in order to continue time on program.

14) _____
Initial

I acknowledge that a **warning** with a blood alcohol concentration **under a .021**, although not a violation, **may escalate to a violation** during operation if my blood alcohol level rises **due to prior consumption**. I acknowledge that a warning does not clear me of a violation.

Check the box if you have received training in respect to food spikes. This list is not an exhausted list but there may be other items if injected or transported within the cabin of the car or spray in or around the car. Example. Windshield fluid.

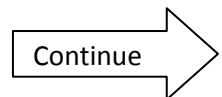
Check the box if you have received training by your vendor, on the operation of the ignition device.

15) _____
Initial

I understand that ingestion of any alcoholic beverages within a reasonable period of time, prior to operation of a motor vehicle may result in a **violation** due to **residual**, including **initial start up or failed retest**. **Drinking the night before and operating the following morning may cause violations**.

16) _____
Initial

I acknowledge that this affidavit must be returned to the RMV prior to approval and in order to receive credit towards the interlock program



17) _____
Initial I understand that in order to serve time on the program, I must restore the right to operate and acquire a permit or license.

18) _____
Initial I understand that in order to participate in the **Ignition Interlock Program**, I must have an **active license/permit** from **Massachusetts** or an **active, unrestricted Out of State license**, and the **Ignition Interlock Vendor must be required to report to Massachusetts**.

19) _____
Initial I understand that in order to complete the **Ignition Interlock Program**, a review of my last **six (6) months** of the **Ignition Interlock Program** is required. This review must not contain any **lockouts**. If a **lockout** occurs during this time, my time on the **Ignition Interlock Program** will be **extended** an additional **six (6) months** from the most **recent** violation. A **final service visit is required** before any request for removal of the device will be considered.

20) _____
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 additional loss of license and potential criminal penalties as stated. I also understand that if any of the information provided by me is false or incorrect, my restricted license may be subject to revocation.

21) _____
Initial I also understand I have an ongoing obligation to notify the Registry of Motor Vehicles of any changes with my interlock status. Updated information shall include but is not limited to change of address, transfer to a new vehicle, adding an interlock device to an additional vehicle, totaled or disabled vehicles, additional licensed residents, change in interlock distributor.

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

Operator's Signature

Date

Notary Public Information

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

Signature of Notary Public

RMV USE ONLY

Hearings Officer ID: _____

Date: _____