



## Minnesota Department of Public Safety

### Driver and Vehicle Services

445 Minnesota St., Ste 177, St. Paul, MN 55101

Upload online: [dps.mn.gov/MyDVS](https://dps.mn.gov/MyDVS) Email: [dvs.ii@state.mn.us](mailto:dvs.ii@state.mn.us) Phone: 651-296-2948 Fax: 651-797-1299

**Print Form**

## Ignition Interlock Participation Agreement

### Participant information

Minnesota driver's license number \_\_\_\_\_ Date of birth \_\_\_\_\_

First, middle and last name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

### Certification

I acknowledge that I have reviewed and agree to abide by the Minnesota Ignition Interlock Device Program Guidelines.

I understand that I will be subject to sanctions if I violate any of the conditions outlined in the program guidelines.

Violations include:

- Tampering, circumventing or bypassing the device
- Operating a vehicle without the ignition interlock device
- Skipping rolling retests
- Skipping a service or monitoring appointment
- Failing a breath test
- Failing to provide at least 30 initial breath tests to verify abstinence each month – a month is considered a 30-day period (verification of abstinence applies to CANCELED - IPS drivers only)

I certify the information in this document is truthful and accurate. I understand that any false information provided may result in termination of my participation in the Minnesota Ignition Interlock Device Program.

### Program completion requirements

I understand that that once I complete the enrollment period, I must also complete the requirements below to fully reinstate my driver's license:

- Pay all reinstatement fees and surcharges
- Your program provider or treatment facility needs to send us one of the following:
  - Proof of completion of substance use disorder treatment recommended in your alcohol/chemical use assessment.
  - A discharge summary if you were required to complete a rehabilitation program.

Your program provider can submit the necessary documents by fax to 651-797-1738.

### Tennessen notice

#### What is the purpose of supplying this information?

Driver and Vehicle Services (DVS) collects the information on this form for identification purposes, to enroll you in the Minnesota Ignition Interlock Device Program (IIDP) and as required by Minnesota Statutes section 171.306(3)(a), which states "[a] person who seeks to participate in the program shall sign a written acknowledgement that the person has received, reviewed and agreed to abide by the program guidelines."

**Am I required to provide this information?**

No. You are not legally required to complete this form.

**What will happen if I do not provide this information?**

You can refuse; however, DVS cannot enroll you in the IIDP. Your license to drive in Minnesota will remain invalid.

**Who will have access to the requested information?**

DVS will not share this form with other entities; however, through the program, DVS collects driver's information that may be released to the following: state and federal enforcement agencies; licensing boards and agencies; state and federal courts; law enforcement agencies and prosecutorial authorities; persons and entities named pursuant to a court order; and any other person or entity authorized by state or federal law. DVS will share driver's information with the U.S. Security Administration, U.S. Selective Service System, U.S. Department of Labor, the Minnesota Attorney General's Office and Secretary of State's Office, and the Minnesota Departments of Human Services, Revenue, Commerce, Natural Resources, and Veterans Affairs.

Printed name \_\_\_\_\_

Date of birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_