



APPLICATION FOR VOLUNTARY ENROLMENT

(PLEASE PRINT)

Please return your completed form to:

The Registrar of Motor Vehicles
Road Licensing and Safety Headquarters
Department of Transportation
P.O. Box 1320
4510 Franklin Avenue Yellowknife NT X1A 2L9

Phone: (867) 873-7972 or toll free 1-888-803-8773

Fax: 867-873-0120

ignitioninterlock@gov.nt.ca

TO BE COMPLETED BY THE APPLICANT:

Date of Application:	DD	MMM	YYYY
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APPLICANT INFORMATION	
Name: _____	Phone: _____
Address: _____ <small>Street Community Postal Code</small>	
Date of Birth: DD / MMM / YYYY	Email Address: _____
<p><u>Are you a resident of the Northwest Territories?</u></p> <p>You do not need to complete this section.</p> <p><u>Are you transferring into the Northwest Territories?</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> I wish to exchange my extra-territorial driver's licence for an NWT interlock restricted driver's licence. <input type="checkbox"/> I have attached a driver's abstract from my previous jurisdiction. <input type="checkbox"/> I have attached confirmation from my previous jurisdiction that I am eligible for a driver's licence. <input type="checkbox"/> I have attached a letter of confirmation affirming that ignition interlock is the only restriction remaining on my driver's licence and that I have completed all other requirements, including remedial courses. 	
<p>Declaration (to be initialled and signed): The information provided in this form is true to the best of my knowledge. I understand that the NWT <i>Alcohol Ignition Interlock Program</i> may not be recognized in jurisdictions other than the Northwest Territories. I understand that the Registrar may review data recorded by my ignition interlock device(s) to evaluate my participation in the program as well as my program exit date.</p>	
Signature: _____	Date: _____



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VEHICLE INFORMATION (ADDITIONAL PAGES MAY BE ATTACHED AS REQUIRED)

Licence Plate Number: _____	Make: _____	Model: _____	Year: _____
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Vehicle Identification Number (VIN): _____

REGISTERED OWNER (IF DIFFERENT FROM APPLICANT)

Name: _____	Phone Number: _____
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Address: _____
Street NWT Community Postal Code

Declaration: I give permission for the individual named in this application to have an alcohol ignition interlock device installed in my vehicle. I understand that I may withdraw this authorization at any time.

Signature: _____ Date: _____

TO BE COMPLETED BY ROAD LICENSING AND SAFETY HEADQUARTERS:

Client ID: _____

- The applicant is enrolled** in the NWT Alcohol Ignition Interlock Program and, pending successful completion of his or her required driver's tests, may have an alcohol interlock device installed in his or her vehicle(s).
- The applicant is not enrolled** in the NWT Alcohol Ignition Interlock Program.

Signature: _____ Date: _____