



NWT ALCOHOL IGNITION INTERLOCK PROGRAM

REQUEST FOR REGISTRAR'S REVIEW

(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

APPLICANT INFORMATION
Name: Phone:
Address: Street NT Community Postal Code
Date of Birth: DD / MMM / YYYY Email Address:
Reasons for requesting review (attach additional pages and supporting documents as required):
Declaration: The information provided in this form is true to the best of my knowledge. My \$200.00 non-refundable review fee is attached.
Signature: Date:

TO BE COMPLETED BY ROAD LICENSING AND SAFETY HEADQUARTERS:

- Under section 16 of the Alcohol Ignition Interlock Device Program Regulations, this application is approved.
Under section 16 of the Alcohol Ignition Interlock Device Program Regulations, this application is denied.

Signature: Date: