



NWT ALCOHOL IGNITION INTERLOCK PROGRAM

REQUEST FOR VEHICLE APPROVAL

(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

Date of Application: DD MMM YYYY

PLEASE CHECK THE APPROPRIATE BOX

Participant

- I am a participant in the Alcohol Ignition Interlock Program and I wish to have an interlock device removed from my vehicle and installed in a different vehicle.
I am a participant in the Alcohol Ignition Interlock Program and I wish to have an additional vehicle installed with an interlock device.

Registered Owner

- I have previously authorized a participant in the Alcohol Ignition Interlock Program to have my vehicle installed with an interlock device. I wish to withdraw this authorization.

Signature: _____ Date: _____

IF YOU WISH TO WITHDRAW YOUR AUTHORIZATION FOR THE USE OF YOUR VEHICLE IN THE NWT ALCOHOL IGNITION INTERLOCK PROGRAM, STOP HERE AND SUBMIT THIS FORM TO ROAD LICENSING AND SAFETY HEADQUARTERS.

TO REQUEST APPROVAL FOR A DIFFERENT OR ADDITIONAL VEHICLE, PLEASE ALSO COMPLETE THE NEXT SECTION (SEE PAGE 2).



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VEHICLE INFORMATION (ADDITIONAL PAGES MAY BE ATTACHED AS REQUIRED)

Licence Plate Number: _____

Make: _____

Model: _____

Year: _____

Vehicle Identification Number (VIN): _____

REGISTERED OWNER (IF DIFFERENT FROM APPLICANT)

Name: _____

Phone Number: _____

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: _____