



**STATE OF OKLAHOMA**  
**BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE**  
Post Office Box 36307  
Oklahoma City, OK 73136-2307

**FOREIGN INSTALLATION VERIFICATION**

The purpose of this program is to ensure the installation of an Oklahoma certified ignition interlock device, required for compliance with an Oklahoma Installation Authority<sup>1</sup>, is accomplished in accordance with the Oklahoma ignition interlock rules and regulations published in the Oklahoma Administrative Code, Title 40, Chapter 50, Section 1-1 *et seq.* (available online by clicking the “Administrative Rules” link at: <http://ignitioninterlock.ok.gov>).

The Board of Tests for Alcohol and Drug Influence (the “Board”), created an “Inclusion Zone”. The Inclusion Zone means an area encompassing 25 driven miles from the Oklahoma state line as determined by the Board.

**Inside** the Inclusion Zone, upon completion of the installation of a certified ignition interlock device at a service center duly licensed by the Board, required for compliance with an Installation Authority, the Oklahoma licensed ignition interlock technician who installs the device shall provide the participant with an “Oklahoma Ignition Interlock Installation Verification” affixed with an Installation Decal. Installation Decals are purchased from the Board, by Oklahoma licensed ignition interlock technicians, for a fee of \$10.00 each.

Upon completion of the installation of an Oklahoma certified ignition interlock device at a service center located **outside** the Inclusion Zone, required for compliance with an Installation Authority, the ignition interlock technician who installs the ignition interlock device shall forward a completed “Application for Foreign Installation Verification”, a completed “Oklahoma Ignition Interlock Foreign Installation Verification”, and the appropriate fee of \$10.00 to the Board. Upon approval of the application, the Board will affix an Installation Decal and forward the Oklahoma Ignition Interlock Foreign Installation Verification to the Monitor<sup>2</sup>. It shall be the responsibility of the applicant to incur any costs of mailing this application to the Board. Incomplete submissions will not be considered.

If you have questions concerning any forms or processes, contact the Board at (405) 425-2460.

---

<sup>1</sup> “**Installation Authority**” means the Oklahoma agency or entity by statute or order requiring or authorizing installation of a device.

<sup>2</sup> “**Monitor**” means the agency, organization and/or person(s) designated by the Installation Authority to receive reports regarding ignition interlock program participants.

# Application for Foreign Installation Verification

To make application for foreign installation verification, submit:

1. This ***completed*** application,
2. The ***completed*** "Oklahoma Ignition Interlock Foreign Installation Verification", and
3. A business check or certified funds payable to "The Board of Tests" in the amount of \$10.00 to:

The Board of Tests  
Foreign Installation Verification  
P.O. Box 36307  
Oklahoma City, OK 73136-2307

Full legal name of service center

Name of technician who installed the device

Physical address of the service center, city, state, zip code

( )  
Service center telephone number

( )  
Service center fax number

Service center e-mail address

Ignition interlock manufacturer represented

Monitor agency and contact name

( )  
Monitor telephone number

Technician's Initials

I have read, understand, and agree to comply with the Oklahoma ignition interlock rules and regulations published in the Oklahoma Administrative Code, Title 40, Chapter 50, Section 1-1 *et seq.* (available online by clicking the "Administrative Rules" link at: <http://ignitioninterlock.ok.gov>) with respect to the ignition interlock device installed for the participant named:

Print participant's name as it appears on the "OKLAHOMA IGNITION INTERLOCK FOREIGN INSTALLATION VERIFICATION".

Technician's Initials

I understand that failure to comply with the above listed Oklahoma ignition interlock rules and regulations could result in administrative action against the manufacturer of the installed device.

By my signature below, I certify that the information given in this application and all accompanying documents is true and correct to the best of my knowledge and ability.

Technician's signature

Date

Do not write below this line

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Approved Installation Decal Number \_\_\_\_\_  Denied



# OKLAHOMA IGNITION INTERLOCK FOREIGN INSTALLATION VERIFICATION

All Information Must Be Completed

Participant name \_\_\_\_\_ Date of birth \_\_\_\_\_ **Under age 21? YES or NO**  
Circle one

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home phone \_\_\_\_\_ Other phone \_\_\_\_\_ DL state \_\_\_\_\_ DL number \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_  
Tag state \_\_\_\_\_ Tag number \_\_\_\_\_

Monitor agency \_\_\_\_\_ ( ) \_\_\_\_\_  
Monitor telephone number \_\_\_\_\_ Case number \_\_\_\_\_

Installation date \_\_\_\_\_ Program length (months) \_\_\_\_\_

**My initials below affirm I have read, or have had read to me, and understand the reportable violations defined in Title 40:50-1-3.2 of the Oklahoma Administrative Code and listed below. Furthermore, I understand that I am responsible for any and all violations recorded by the Ignition Interlock or observed by a technician.**

\_\_\_\_\_  
Participant Initial **Three penalty fails, at startup, within a fifteen (15) minute time frame.**

\_\_\_\_\_  
Participant Initial **Any illegal start.**

\_\_\_\_\_  
Participant Initial **Three retest violations. Each retest violation thereafter constitutes a reportable violation.**

\_\_\_\_\_  
Participant Initial **Removal of the device except:**

- (A) Upon receipt of documentation from the Installation Authority or Monitor authorizing said removal.
- (B) The vehicle is being repaired. The program participant must inform the licensed service center at least every eight (8) days as to the anticipated date of completion of repairs, or
- (C) The vehicle is being replaced. In the event the vehicle is being replaced by another vehicle, the removal and reinstallation of the device in the subsequent vehicle must be accomplished within eight (8) days of the removal.

\_\_\_\_\_  
Participant Initial **Tampering (defined as “any act or attempt to alter, interfere, disable, defeat or circumvent the installation or operation of the device” O.A.C. 40:50-1-1).**

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Installing service center name \_\_\_\_\_ Service center phone \_\_\_\_\_ Service center fax \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Approved ignition interlock device model / version number \_\_\_\_\_ Component serial number(s) \_\_\_\_\_

Installing technician’s printed name \_\_\_\_\_ License number \_\_\_\_\_ Participant’s signature \_\_\_\_\_

**\*\*VOID\*\***  
*without numbered  
“\$10.00  
installation fee  
paid” Decal*