

New IID Installation & Removal DL 925 Form

Information

This memo rescinds OLIN 2010-16 New IID Installation & Removal DL 925 Form.

New DL 925 Form

A new Ignition Interlock Device (IID) Installation & Removal Request (DL 925 NEW 10/2010) form (attached) has been developed to simplify inquiries from IID installers regarding a driver’s eligibility for IID installation or removal. The DL 925 is only available online at: www.dmv.ca.gov/vehindustry/miid/dl925.pdf.

When completing the DL 925 form:

- The IID installer **must** complete Section 1 (Driver Information) **and** Section 2 (Installer Information).
- The driver **must** complete and sign Section 3 (Driver Authorization).

Request Process

To check a driver’s eligibility for an IID installation or removal, IID installers must complete and fax the DL 925 to the Driver Licensing Mandatory Actions Unit (DLMAU) at (916) 657-9042 (this fax line is for IID installers only) or call the IID installers dedicated telephone number. Faxed inquiries are preferred and will be processed within 10 minutes of receipt on weekdays, excluding holidays, from 8:00 a.m. to 4:30 p.m. Requests received after 4:30 p.m. will be processed the next working day.

Court-Ordered IID Installation/Removal Inquiries

For **all** inquiries (fax or phone) pertaining to a court-ordered IID installation or removal, DMV will determine eligibility of the IID installation or removal and provide the following information:

Faxed Requests

<i>If the DL 925 form is...</i>	<i>DMV will complete the ...</i>	<i>and provide the...</i>
acceptable,	“For DMV Use Only — Eligibility for Installation or Removal” section and the “For DMV Use Only — Additional Requirements” section, if applicable,	<ul style="list-style-type: none"> • length of the court-ordered restriction if the request is for an IID installation or • court’s name and public telephone number if the request is for an IID removal. DMV will fax the IID form to the installer.
not signed by the driver,	“For DMV Use Only — Eligibility for Installation or Removal” section,	

Court-Ordered IID Installation/Removal Inquiries, *continued*

Faxed Requests, *continued*

<i>If the DL 925 form is...</i>	<i>DMV will complete the...</i>	<i>and...</i>
incomplete,	“For DMV Use Only — Additional Requirements” section, indicating the request contains insufficient or incorrect information,	the missing information will be marked. The form will be faxed back to the installer to complete and resubmit.

Telephone Inquiries

Telephone inquiries will **only** receive information:

- That is provided on the DL 925 “For DMV Use Only – Eligibility for Installation or Removal” section.
- On the length of the court-ordered restriction if the request is for an IID installation **or** the court’s name and public telephone number if the request is for an IID removal.

Background

IID providers have expressed concerns regarding the lack of consistency regarding IID installation or removal eligibility information. To address these concerns, the DL 925 (NEW 10/2010) form was developed; dedicated fax and telephone lines for IID installers were activated; and procedures were written to ensure consistency and timely responses to IID installers were also developed and outlined in OLIN 2010-16 memo.

OLIN 2010-16 memo is rescinded to maintain a private dedicated telephone line for IID installers and to alleviate calls to DLMAU from non-IID installers.

Distribution

Notification that this memo is available online at www.dmv.ca.gov/pubs/olin/olin.htm was made via California DMVs Automated E-mail Alert Service in March 2011 to the following:

- Ignition Interlock Device Program Subscribers

Contact

Questions regarding this memo may be directed to the DMV Driver Licensing Mandatory Actions Unit at (916) 657-6525.



MARY GARCIA, Chief
Occupational Licensing

**IGNITION INTERLOCK DEVICE (IID)
 INSTALLATION & REMOVAL REQUEST**

CLEARLY PRINT information and fax to DMV (916) 657-9042

SECTION 1 — DRIVER INFORMATION

DRIVER LICENSE NUMBER	BIRTH DATE (MM/DD/YYYY)
FULL NAME (LAST NAME)	FIRST NAME MIDDLE NAME

SECTION 2 — INSTALLER INFORMATION

DATE OF REQUEST (MM/DD/YYYY)	REQUEST IS FOR: <input type="checkbox"/> Installation <input type="checkbox"/> Removal
IID INSTALLER NAME	INSTALLER LICENSE NO.:
STREET ADDRESS	CITY STATE ZIP CODE
CONTACT NAME	
PHONE NUMBER () Ext	FAX NUMBER ()

FOR DMV USE ONLY — ELIGIBILITY FOR INSTALLATION OR REMOVAL

For IID Installation	For IID Removal
ELIGIBLE ON	ELIGIBLE ON
NUMBER OF MONTHS IID REQUIRED	
Submit <input type="checkbox"/> DL 920 <input type="checkbox"/> DL 924 <input type="checkbox"/> No, not eligible	<input type="checkbox"/> No, not eligible

Unsigned requests are only entitled to the information above.

SECTION 3 — DRIVER AUTHORIZATION

I hereby authorize the Department of Motor Vehicles to provide the information listed below for a full assessment of the IID eligibility requirements to:

NAME OF IID INSTALLER	DRIVER SIGNATURE	DATE
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FOR DMV USE ONLY — ADDITIONAL REQUIREMENTS

If not eligible for IID installation, driver needs: <input type="checkbox"/> Suspension/Revocation not complete <input type="checkbox"/> Enrollment for _____-month program <input type="checkbox"/> Completion of 12 months of 18-month program <input type="checkbox"/> Completion of 12 months of 30-month program <input type="checkbox"/> SR 22 proof of financial responsibility <input type="checkbox"/> _____ Fee \$_____ <input type="checkbox"/> Other outstanding action: customer must contact DMV at (916) 657-6525 for additional information <input type="checkbox"/> This request contains insufficient/incorrect information. Please provide items checked above and resubmit. <input type="checkbox"/> _____	If not eligible for IID removal, driver needs: <input type="checkbox"/> Completion of _____-month program <input type="checkbox"/> IID term not completed <input type="checkbox"/> Contact county court (see below) <input type="checkbox"/> Other: _____
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MAU Technician ID _____ Date Faxed to Installer _____

This information is intended only for the use of the IID Installer to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this in error, please notify us immediately at (916) 657-8739.