

**IGNITION INTERLOCK PROGRAM
VEHICLE SERVICE AFFIDAVIT**



This form shall be completed when a vehicle equipped with a certified ignition interlock device is serviced at a state-licensed automotive repair or service facility.

Attach a copy of all invoices and/or receipts associated with this vehicle service.

Restricted Driver

<hr/> First Name	<hr/> Last Name
<hr/> Driver's License Number	<hr/> () Phone Number

Vehicle and Ignition Interlock Device Manufacturer

Vehicle License	State	Make	Model	Color
<input type="checkbox"/> Intoxalock	<input type="checkbox"/> Draeger	<input type="checkbox"/> Guardian	<input type="checkbox"/> LifeSafer	<input type="checkbox"/> Smart Start
<input type="checkbox"/> Other <hr/>				

Automotive Service Facility

<hr/> Name of Facility	<hr/> UBI, State Business License or Dealer Number		
<hr/> City	<hr/> () State Phone		
<hr/> Date Service Started	<hr/> Time	<hr/> Date Service Complete	<hr/> Time

Automotive Service Technician

Name of Technician Performing the Work

Sworn Statements

I certify this vehicle was serviced by the listed technician during the timeline indicated above.

I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct ([RCW 9A.72.085](#)).

<hr/> Print Name	<hr/> Location
<hr/> Signature	<hr/> Date