



## KANSAS IGNITION INTERLOCK INSTALLATION/REMOVAL VERIFICATION

**NOTE TO DRIVER:**

Present this form to the Service Provider or Regional Representative of your choice at the time of installation or removal of any device.

**NOTE TO SERVICE PROVIDER:**

Complete this form upon installation or removal of any device and fax to Driver Solutions at (785) 296- 6851.

K.A.R. 92-56-8c (1-2) (c) upon **removal of the device**, the **service provider** shall ensure that both of the following occur:

- (1) The driver is provided with a report showing the removal of the device. (2) The division is notified, in the form and format designated by the division.

Name	Date of Birth	Driver License Number	DL's State
Address	City	State	Zip
Automobile Make	Automobile Model	Year	<input type="checkbox"/> Automobile Switch

**INSTALLATION**

**REMOVAL**

Date of Installation \_\_\_\_\_  
Approved Kansas Service Provider \_\_\_\_\_  
Device Model No: \_\_\_\_\_  
Provider Phone No. \_\_\_\_\_  
Signature of Provider \_\_\_\_\_

Date of Removal \_\_\_\_\_  
Approved Kansas Service Provider \_\_\_\_\_  
Device Model No: \_\_\_\_\_  
Provider Phone No. \_\_\_\_\_  
Signature of Provider \_\_\_\_\_

Date of Installation \_\_\_\_\_  
Approved Kansas Service Provider \_\_\_\_\_  
Device Model No: \_\_\_\_\_  
Provider Phone No. \_\_\_\_\_  
Signature of Provider \_\_\_\_\_

Date of Removal \_\_\_\_\_  
Approved Kansas Service Provider \_\_\_\_\_  
Device Model No: \_\_\_\_\_  
Provider Phone No. \_\_\_\_\_  
Signature of Provider \_\_\_\_\_

Date of Installation \_\_\_\_\_  
Approved Kansas Service Provider \_\_\_\_\_  
Device Model No: \_\_\_\_\_  
Provider Phone No. \_\_\_\_\_  
Signature of Provider \_\_\_\_\_

Date of Removal \_\_\_\_\_  
Approved Kansas Service Provider \_\_\_\_\_  
Device Model No: \_\_\_\_\_  
Provider Phone No. \_\_\_\_\_  
Signature of Provider \_\_\_\_\_