

DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION

Driver Licensing Branch

P.O. Box 942890, M/S J233

Sacramento, CA 94290-0001

Telephone: (916) 657-6525



ORDER OF INSTALLMENT OF AN IGNITION INTERLOCK DEVICE (IID)

DRIVER LICENSE OR FILE NUMBER

Effective July 1, 2010, California Vehicle Code (CVC) section 23700 requires all first-time and repeat driving under the influence (DUI) offenders under §23152 and §23153 CVC and Penal Code §191.5(b) convicted in Alameda, Los Angeles, Sacramento, and Tulare county to install an ignition interlock device (IID) on each vehicle they own or have access to. The Department of Motor Vehicles (DMV) is required to place an IID restriction on your driving record for a specified period of time. During your IID restriction period, you are limited to driving only vehicles equipped with a certified IID.

First offenders (§23152 CVC only) who provide verification of IID installation and meet all other reinstatement requirements may be entitled to an IID-restricted license with full driving privileges during the IID restriction period.

Repeat offenders with multiple DUI convictions who qualify to reinstate early with an IID restriction pursuant to §13352(a3) and §13352(a5) must meet all requirements specified in the enclosed Option to Install letter and the requirements specified below before a license can be issued, reissued, reinstated, or restricted.

You must install an IID on every vehicle you own or have access to and maintain the IID for _____ months, beginning on the date you reinstate your driving privilege based on the following conviction:

<u>Section</u> <u>Violated</u>	<u>Violation</u> <u>Date</u>	<u>Conviction</u> <u>Date</u>	<u>Docket</u> <u>Number</u>	<u>Court</u>
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Requirements

Unless you qualify for an exemption (see attached exemption request form), you must submit a Department of Motor Vehicles Ordered Verification of Ignition Interlock (DL 924) form for each vehicle you own or have access to. You must also pay a \$45 administrative service fee in addition to any other fees owed to DMV before a license can be issued, reissued, reinstated, or restricted. Mail the form(s) and the \$45 fee to the DMV at the above address.

THIS ACTION IS INDEPENDENT OF ANY OTHER ACTION TAKEN BY THE COURT OR THIS DEPARTMENT

CERTIFICATE OF SERVICE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

- presented to the person named above a true copy of this document.
 deposited in the United States mail at the address shown above, at _____, a true copy of this document, in a sealed envelope, with postage prepaid, addressed to the person as shown on this document; that I am over the age of eighteen years, an employee of the Department of Motor Vehicles at the business address as shown above in the county where the office is located; and that I am not a party to the cause herein mentioned.

DATE	NAME OF AUTHORIZED DMV EMPLOYEE	SIGNATURE OF AUTHORIZED DMV EMPLOYEE
		X

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929;
 from Voice Phones: 1-800-735-2922