



## TRAFFIC SAFETY DIVISION APPLICATION FOR

### IGNITION INTERLOCK INSTALLER RENEWAL CERTIFICATE

#### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Before you begin working on this application, please review the rules regarding the Ignition Interlock Program (NMAC 18.20.11), which can be found on the University of New Mexico, Transportation Safety Center (TSC) website ([www.transportation.unm.edu](http://www.transportation.unm.edu)) under the Licensing tab / Ignition Interlock. Please print out a copy of these rules and keep it handy for future reference. You will need it.

#### PLEASE:

- complete this application entirely by typing, *or* printing legibly in black ink
- read and follow the instructions in each section before completing them**
- provide all information requested in SECTIONS 1 and 2
- include the required documents listed in SECTION 3
- initial by hand each Sworn Statement in SECTION 4
- sign and date the application in SECTION 5
- if the application is postmarked **on or after May 1<sup>st</sup>**, include a check for a late fee made payable to the **Traffic Safety Division** in the amount of \$25.00
- make a copy of the completed application and required documents for your records
- mail the **ORIGINAL** application to:

**Transportation Safety Center – Licensing Section  
University of New Mexico  
MSC07 4030  
1 University of New Mexico  
Albuquerque, NM 87131-0001**

If you have any questions concerning this application, the forms or any of the requirements please contact:

- Carolyn Kirlin by email at [TSCIILprograms@unm.edu](mailto:TSCIILprograms@unm.edu) or by telephone at 505-277-8770.

For information related to the Ignition Interlock Indigent Fund, please contact:

- Paula Gonzales by [paula.gonzales@state.nm.us](mailto:paula.gonzales@state.nm.us) or by telephone at 505-8270456.

## WHAT HAPPENS ONCE YOU SUBMIT THIS APPLICATION

The TSC, on behalf of the Traffic Safety Division (TSD) will review your application within 15 days to determine if it is complete. Applications will be reviewed in the order in which they are received.

***Applications will not be considered complete until the TSC receives all required documents, including the MVD and DPS reports.***

If the application is **not** complete, the TSC will contact you regarding the missing information or documents. If the TSC does not receive the missing information or documents within 10 days of the date of the email, your application will be returned to you. You may resubmit a complete application at any time.

- (1) TSD will renew the certificate of an installer for a period of one year if the installer:
  - (a) has filed the required documents;
  - (b) meets the standards specified in subsection D of 18.20.11.14 NMAC; and
  - (c) has received an overall rating of satisfactory or better in the periodic evaluations conducted by TSD or its designee during the preceding year.
  
- (2) TSD shall not renew the certificate of any installer who:
  - (a) fails to file the required documents;
  - (b) receives an overall rating of unsatisfactory in the periodic evaluations conducted by TSD or its designee during the preceding year; or
  - (c) fails to meet the standards specified in subsection D of 18.20.11.14 NMAC.

If the TSD does not approve your application, you will receive a letter stating the reasons why it was not approved. If the reasons can be resolved, you may resubmit your application.

If the TSD approves your application you will be issued an Ignition Interlock Installer Certificate.

**NO PERSON MAY CONTINUE TO INSTALL, SERVICE, OR REMOVE IGNITION INTERLOCK DEVICES IN NEW MEXICO AFTER JUNE 30th OF THIS YEAR UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING AN IGNITION INTERLOCK INSTALLER'S CERTIFICATE FOR THE FISCAL YEAR COMMENCING JULY 1st.**

***PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.***

## APPLICATION FOR INSTALLER RENEWAL CERTIFICATE

### Section 1 – Installer Information

Installer Name (as you would like it to appear on certificate)			
Installer Mailing Address (include city, state, and zip code)			
Installer Telephone Number			
Installer Date of Birth		Social Security #	
Name of Service Center Where Employed			
Address of Service Center Where Employed			
Name of Service Center Owner/Operator			
Service Center Telephone Number			
Service Center E-mail Address			
Are you currently an installer instructor (If selecting “yes” provide certificate as a document)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Device Model(s)

### Section 2 – Devices You Are Trained to Install, Service, and Remove

Describe all ignition interlock devices you are currently trained to install, service and remove			
Manufacturer:	Model or class of device	Name of person who trained you	Date

### Section 3 – Required Documents

**Please submit the following documents with your application:**

- A certified copy of your **limited** driving history from MVD, **for any and all states in which you resided in the last five years**, dated no earlier than 60 days before the date the application is filed. **Or**, you may submit a copy of the Request for MVD Limited Driving History form and include with your application and TSD will obtain the history directly. (*NOTE: This form is for NM only. You will need to obtain your driving history from any other state.*)

- ❑ A certified copy of your state criminal background check, *for any and all states in which you were an adult resident*, dated no earlier than 60 days before the date the application is filed. You may submit a copy of the Authorization for Release of Information by DPS form for the State of New Mexico. *This form must be notarized and accompanied by a check for \$15.00 made payable to the Department of Public Safety.* (If you have submitted a DPS report or request form with a service center license application, you do not need to submit it with this application).

**All forms can be found on TSC Website [www.transportation.unm.edu](http://www.transportation.unm.edu) under the Licensing tab / Ignition Interlock.**

#### **Section 4 – Sworn Statements**

By my handwritten initials beside each statement, I, \_\_\_\_\_, certify that:

\_\_\_\_\_ I have obtained a copy of, have read, and agree to comply with the requirements of, 18.20.11 NMAC, Ignition Interlock Devices, the rule adopted by the Traffic Safety Division regarding Ignition Interlock program.

\_\_\_\_\_ All statements sworn to in the original application are still in full force and effect.

\_\_\_\_\_ I will impose the same fees on all drivers for installing, servicing, leasing and removing ignition interlock devices, but shall collect from indigent drivers only the amount not reimbursed by the Indigent Fund. The service center shall reimburse the division for any overpayments obtained from the division in violation of this section;

\_\_\_\_\_ I have never had my professional certification suspended, revoked, or denied for any reason. *If you have had your professional certification suspended, revoked, or denied, please provide detailed information regarding the jurisdiction, the year, and the circumstances.*

\_\_\_\_\_ I have not been sanctioned in any jurisdiction for circumventing or tampering with an ignition interlock device. *If you have been so sanctioned, please provide detailed information regarding the jurisdiction, the year, and the circumstances.*

\_\_\_\_\_ I am in compliance with the Parental Responsibility Act, NMSA 1978, Section 40-5A-1 et seq. regarding paternity or child support proceedings and understand that failure to comply with this Act will result in denial of my application or revocation or suspension of my license.

\_\_\_\_\_ I am in compliance and will continue to be in compliance with all relevant and applicable New Mexico and Federal laws.

\_\_\_\_\_ If I have not received my renewal certificate before July 1st, I will not install, service, or remove ignition interlock devices until I have received a renewal certificate from the Traffic Safety Division.

## Section 5 – Signature and Date

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

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Please note that TSD requires an original application for processing. Copies will not be accepted.  
Please make a copy of this application for your records and submit an original.**

\_\_\_\_\_  
1<sup>st</sup> Review: \_\_\_\_\_ Final Review by \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reviewer's Comments: