



**TRAFFIC SAFETY DIVISION APPLICATION FOR
IGNITION INTERLOCK MANUFACTURER
RENEWAL AGREEMENT**

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

PLEASE:

- complete this application on your computer using the TAB key or mouse to advance between fields and then print it out, **or** by typing, **or** printing legibly in black ink
- provide all information requested in Sections 1 to 7 of the application form
- include copies of all the required documents listed in Section 8 of the application form
- initial each statement in Section 9 of the application form
- sign and date the application in Section 10 of the application form
- if the application is postmarked on or after May 1st, 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 everything but these instructions to:

**University of New Mexico
Transportation Safety Center – Licensing Section
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 renewal requirements please contact:

- Carolyn Kirlin by email at TSCiILprograms@unm.edu or by telephone at 505-277-8770.

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

- Paula Gonzales by email at paula.gonzales@state.nm.us or by telephone at 505-827-5177

WHAT HAPPENS ONCE YOU SUBMIT THIS APPLICATION:

The University of New Mexico, Transportation Safety Center – Licensing Section (TSC) on behalf of the NMDOT 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 email 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.

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 your Ignition Interlock Manufacturer Certificate on behalf of the Traffic Safety Division.

NO PERSON MAY CONTINUE TO MAKE IGNITION INTERLOCK DEVICES AVAILABLE 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 MANUFACTURER'S CERTIFICATE FOR THE FISCAL YEAR COMMENCING JULY 1st.

➤ PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.

APPLICATION FOR MANUFACTURER RENEWAL AGREEMENT

Section 1 – Manufacturer Information.

Manufacturer Name	
Manufacturer Physical Address	
Manufacturer Mailing Address (if different from physical address)	
Manufacturer Toll-Free Telephone Number	
Manufacturer Fax Number	
Web Address (if applicable)	
Name of Contact Person 1	
Title of Contact Person	
Telephone Number of Contact Person 1	
E-mail Address of Contact Person 1	
Name of Contact Person 2	
Title of Contact Person	
Telephone Number of Contact Person 2	
E-mail Address of Contact Person 2	
NM Representative Name (if different from above contacts)	
Title of Representative	
Telephone and Email	
Web Address (if applicable)	

Section 2 – Ignition Interlock Device Information

	Device #1	Device #2
Model or class of device being used in New Mexico		
Number of devices currently installed in NM		

Section 3 – States in which device has been approved for use since being approved in NM

STATE	DEVICE # (from Sec.2)	AUTHORIZING AGENCY	AGENCY ADDRESS	TELEPHONE
<i>Example</i>	<i>1, 2</i>	<i>Motor Vehicles Dept</i>	<i>123 Main Street City, Zip Code</i>	<i>800-456-7890</i>

Section 4 – States in which device is no longer being used

STATE	DEVICE # (from Sec. 2)
<i>Example</i>	<i>1, 2</i>

Section 5 – Territory

We are currently operating in the following territory.

- New Mexico State Highway District 1
- New Mexico State Highway District 2
- New Mexico State Highway District 4
- New Mexico State Highway District 6
- New Mexico State Highway Districts 3 and 4
- New Mexico State Highway Districts 5 and 6
- Statewide

Section 6 – Location of Service Centers

We are currently operating the following service centers in New Mexico.

Service Center Name	Service Center Address

Section 7 – Certified Installer Instructors in New Mexico

Name	Device

Section 8 – Required Documents.

Please submit the following documents with your application:

- Proof of product liability insurance written on an occurrence form covering defects in product design, materials, and manufacturing of ignition interlock devices. The insurance must be issued or delivered by a company licensed to do business in, or placed in accordance with the surplus lines laws of, the state in which the insured's principal place of business is located. The policy shall have a minimum liability limit of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate. The products liability coverage must either be issued as a separate policy or the \$3 million aggregate limit must apply separately to the products liability coverage. **The proof of insurance shall include a statement from the insurance company that it will notify the Transportation Safety Center – Licensing Section thirty (30) days before canceling the insurance.**
- A surety bond that meets the requirements of paragraph 18.20.11.8D(2) of the rule.
- Copy of interlock device settings that meet the requirements of sections 18.20.11.11-12.

Section 9 - Sworn Statements

By my initials beside each statement, I, _____, certify on behalf of the manufacturer that:

_____ All statements sworn to in the ORIGINAL application are still in full force and effect.

_____ I Understand that failure to comply with the requirements of the rule shall be grounds for suspension or revocation of any license issued to me by the Traffic Safety Division.

_____ Each of the manufacturer's service center operators is a representative of the manufacturer for the purpose of accepting service of process and that service of process on one of the manufacturer's service center operators shall constitute service of process on the manufacturer.

_____ **I have not made any modification in design or operational concept of a device approved for use in New Mexico that materially affects the way the device measures alcohol or records data without the prior written approval of the division.** (Modification does not include repair or replacement of parts to maintain the device in working order or software changes that do not modify the functionality of the device).

_____ The same fees will be imposed on all drivers for installing, servicing, leasing and removing ignition interlock devices, but the service centers / manufacturer shall collect from indigent drivers only the amount not reimbursed by TSD. The service center/manufacturer shall reimburse the division for any overpayments obtained from the division in violation of this section.

_____ I will provide a manufacturers report to TSD and the service centers prior to submission of claims for reimbursement from the Indigent Fund. Claims will be submitted on a monthly basis.

_____ If I have not received my renewal manufacturer's agreement by July 1st, I will cease to operate in New Mexico until I have received a renewal manufacturer's agreement from the Traffic Safety Division.

Section 10 – 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.

Printed name of officer authorized to bind the manufacturer	
Title of officer authorized to bind the manufacturer	

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.

Reviewed by _____ Date _____

Approved Denied

Reviewer's Comments