



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

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). The rules can be found on the TSC website under the Licensing tab and Ignition Interlock. Please print out a copy of this rule and keep it in a handy place for future reference. You will need it.

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 5 of the application form
- include copies of all the required documents listed in Section 6 of the application form
- initial each statement in Section 7 of the application form
- sign and date the application in Section 8 of the application form
- make a copy of the completed application and required documents for your records
- mail everything but these instructions to:

**Transportation Safety Center – Licensing Section
UNM Continuing Education
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:

- Andy Pena by email at apena01@unm.edu or by telephone at 505-277-6321 or by fax at 505-277-8975

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

- Paula Gonzales by email paula.gonzales@state.nm.us or by telephone at 505-827-0456.

WHAT HAPPENS ONCE YOU SUBMIT THIS APPLICATION:

The Transportation Safety Center – Licensing Section (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 20 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 conditionally approves your application, you will be notified to submit:

- 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 subsection 18.20.11.8D(2) of the rule.
- Copy of interlock device settings that meet the requirements of sections 18.20.11.11-12.

Once the TSC receives the insurance certificate, the surety bond and device settings, TSC will issue your Ignition Interlock Manufacturer's Certificate on behalf of the TSD.

NO PERSON MAY MAKE IGNITION INTERLOCK DEVICES AVAILABLE IN NEW MEXICO UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING AN IGNITION INTERLOCK MANUFACTURER CERTIFICATE.

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

APPLICATION FOR MANUFACTURER ORIGINAL LICENSE

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 to be used in New Mexico		
Type of reference sample used to calibrate device		
Name and address of independent laboratory that tested the device		
Name and telephone number of person who tested the device		

Section 3 – Devices Approved for Use in Other States

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

			City, Zip Code	
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
Washington, D.C.				
West Virginia				
Wisconsin				

Wyoming				
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Section 4 – Territory.

Please check the territory in which you propose to operate.

- 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 5 – Location of Service Centers.

Please provide the requested information for each fixed site service center you propose to operate in New Mexico. Please note that service centers must be within 100 miles, or two hours driving time, whichever is less, of any sentenced driver’s place of residence or employment in the territory in which you propose to operate.

Service Center Name	
Service Center Physical Address	
Toll Free Telephone Number	
Service Center E-mail address	
Name of Service Center Operator	
Relationship of service center to manufacturer (e.g., employee, distributor, independent contractor)	

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Please use an additional sheet of paper if you will have more than 5 service centers in New Mexico

Section 6 – Required Documents.

Please submit the following documents with your application:

- A precise set of specifications describing the features of each device for which you seek approval.
- Detailed operating instructions for each device for which you seek approval.
- A copy of the independent laboratory report on the testing of each device for which you seek approval.
- A detailed description of the reference sample to be used for calibrating each device.

Section 7 - Sworn Statements.

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

_____ I have received 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 the ignition interlock program.

_____ 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.

_____ I shall indemnify and hold harmless the state of New Mexico, the Division and its officers, employees and agents from all claims, demands and actions resulting from damage, death, or injury to persons or property which may arise, directly or indirectly, out of any act or omission by me or any installer working for me relating to the installation, servicing, or removal of an ignition interlock device.

_____ **I will not make 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).

_____ I will provide expert or other required testimony in civil or criminal proceedings regarding the installation, servicing, and removal of ignition interlock devices or the interpretation of recorded data;

_____ I will reimburse the division for any costs incurred if the service center operator requests the division to provide testimony in a civil or criminal proceeding involving the installation, servicing, and removal of an ignition interlock device;

_____ Each service center operator 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.

_____ 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 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.

_____ I will not make ignition interlock devices available in New Mexico until I have received a written manufacturer's certification from the Traffic Safety Division.

Section 8 – 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