



**TRAFFIC SAFETY DIVISION APPLICATION FOR
IGNITION INTERLOCK SERVICE CENTER
ORIGINAL
LICENSE**

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Before you begin working on this application, please go to; <http://transportation.unm.edu/licensing/rules/> for a copy of the rule regarding the Ignition Interlock Program (18.20.11 NMAC). 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:

- Judith Madrid by email at jmadrid13@unm.edu or by telephone at 505-277-8770 or by fax at 505-277-8975

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 505-827-0456

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 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 conditionally approves your application, you will be notified to submit:

- proof of public liability insurance written on an occurrence form from an insurance company licensed to do business in New Mexico covering injury, death or property damage resulting from the installation, servicing, or removal of ignition interlock devices in an aggregate amount of not less than one million dollars (\$1,000,000).
The proof of insurance shall include a statement from the insurance company that it will notify the Traffic Safety Division– Licensing Section thirty (30) days before canceling the insurance.

Once the TSD receives the insurance certificate you will be issued your Ignition Interlock Service Center license.

NO PERSON MAY OPERATE AN IGNITION INTERLOCK SERVICE CENTER UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING AN IGNITION INTERLOCK SERVICE CENTER LICENSE.

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

APPLICATION FOR SERVICE CENTER ORIGINAL LICENSE

Section 1 – Service Center Information.

Service Center Name (as it appears on business license)		
Service Center Physical Address (include city, state, and zip code)		
Service Center Mailing Address (if different from physical address)		
Toll-Free Telephone Number		
Local Telephone Number		
Fax Number		
E-mail Address		
Do have Internet access?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Web Address (if applicable)		
Name of Service Center Owner/Operator		
Date of Birth of Service Center Operator		Social Security #
I am also filing a separate application to be an Installer. <input type="checkbox"/> yes <input type="checkbox"/> no		
I am also filing a separate application to be a Service Technician. <input type="checkbox"/> yes <input type="checkbox"/> no		

Section 2 – References. Please provide three (3) character and employment or school references. **At least one of the references must be an employment and school reference.** Family members may not be used as references.

1	Name	
	Street Address, City, State and Zip Code	
	Telephone Number	
	Relationship	
2	Name	
	Street Address, City, State and Zip Code	
	Telephone Number	
	Relationship	
3	Name	
	Street Address, City, State and Zip Code	
	Telephone Number	
	Relationship	

Section 3 – Ignition Interlock Devices to be Used in New Mexico.

DEVICES	Device 1	Device 2
Manufacturer of device:		
Model or class of device		
Type of reference sample used to calibrate device		

Section 4 –Installers and Service Technicians Working at or from this Site.

Installers (check box if also certified as an instructor)	Service Technicians
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Section 5 – Mobile Service. Please list all cities in New Mexico you propose to service by mobile unit from this service center location. (City must have a population of over 5,000)

City	City

Section 6 – 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 held a drivers license in the last five years**, dated no earlier than 60 days before the date the application is filed **or** a copy of the Request for MVD Limited Driving History form available at <http://transportation.unm.edu/licensing/forms/> so that the TSC can obtain it directly. Please do not submit any other type of driving history.
- 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 **or** a copy of the Authorization for Release of Information by DPS form available at <http://transportation.unm.edu/licensing/forms/>. **This form**

must be notarized and accompanied by a check for \$15.00 made payable to the Department of Public Safety.

- A copy of your business license issued by the city in which the service center is located;
- A copy of your New Mexico gross receipts tax registration form;
- A copy of your resume or curriculum vitae;
- A schedule of fees, if different than the information contained in Section 6, that meets the requirements of 18.20.11.13B(8) NMAC (Fee Schedule should include: Effective date, Expiration date, Service center location and address, Model of device (specific camera or non-camera), Service center dates and hours of operation, Installation of device, Monthly lease, Scheduled service visit, Violation service visit, Tampering or circumventing, Removal, Vehicle switch, and any other fees not covered within that a client will be charged)
- A copy of the lease agreement between the service center and the sentenced driver;
- A copy of the contract between the service center and the manufacturer;

Section 7 - Sworn Statements.

By my initials beside each statement, I, _____,
d/b/a_ _____, certify 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 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;

_____ I will not reveal any personal and medical information provided by drivers to any person other than the appropriate authorities or employees of the manufacturer or service center operator on an as-needed basis;

_____ 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 TSD. The service center shall reimburse the division for any overpayments obtained from the division in violation of this section.

_____ I will verify claims against the manufacturers report prior to submission for reimbursement from the Indigent Fund. Claims will be submitted on a monthly basis.

_____ 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 will not operate a service center in New Mexico until I have received a license 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.

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