**TRAFFIC SAFETY DIVISION APPLICATION FOR**

**IGNITION INTERLOCK SERVICE TECHNICIAN**

 **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 Transportation Safety Center (TSC) website (<https://transportation.unm.edu/>) under the Ignition Interlock tab. Please print out a copy of these rules and keep it handy for future reference. You will need it.

**PLEASE:**

* complete this application by entering all fields of information **ONLINE** before printing for signatures and initials
* press [**Tab]** to move forward, [**Shift] + [Tab**] to move backward through the form
* **read and follow the instructions in each section before completing them**
* provide all information requested
* include the required documents
* carefully read and initial by hand each Sworn Statement
* sign and date the application
* 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
* Applications for renewal will **not** be accepted after May 31st, no extensions will be granted
* make a copy of the completed application and required documents for your records
* mail the **ORIGINAL** application to:

**UNM Transportation Safety Center**

**4400 Alameda Blvd NE**

**Suite A**

**Albuquerque, NM 87113**

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

* Carolyn Kirlin by email: tsciilprograms@unm.edu or by telephone at 505-414-1598.

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

* Debbie Varela by DebbieL.Varela@state.nm.us or by telephone at 505-795-4489.

**WHAT HAPPENS ONCE YOU SUBMIT THIS APPLICATION**

The Transportation Safety Center (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, TSC will contact you regarding the missing information or documents. If TSC does not receive the missing information or documents within 30 days of the date of the email notification, your application will be voided. You may resubmit a complete original application at any time.

 **(1)** TSD will renew the certificate of an service technician for a period of one year if the service technician:

 **(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 service technician 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.

**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 SERVICE TECHNICIAN RENEWAL CERTIFICATE

**Section 1 – Technician Information**

|  |  |
| --- | --- |
| Service Technician Name (as you would like it to appear on certificate)  |  |
| Service Technician Mailing Address  | City  State **NM** Zip Code  |
| Service Technician Telephone Number |  |
| Service Technician Date of Birth  |  | Social Security #  |
|   Name of Service Center Where Employed  |  |
|  Address of Service Center Where Employed  | City  State **NM** Zip Code  |
| Name of Service Center Owner/Operator  |  |
| Service Center Telephone Number |  |
| Service Center E-mail Address  |  |

**Section 2 – Devices You Are Trained to Service**

|  |
| --- |
| Describe all ignition interlock devices you are currently trained to service  |
| 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 copy of your ***limited*** driving history ***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.

 **For NM only**, complete the ‘Request for MVD Limited Driving History’ form and attach to your

 application and TSD will obtain your driving history for New Mexico.

* 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).*

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**Section 4 – Sworn Statements**

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

\_\_\_\_\_ I have received a copy of, have read, understand and agree to comply with the requirements

 of, 18.20.11 NMAC, Ignition Interlock Devices, the rule adopted by the TSD regarding the

 ignition interlock program as well as the TSD administrative policies and procedures;

\_\_\_\_\_ 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 amounts not reimbursed by TSD. The service center shall reimburse the division for any overpayments obtained from the division in violation of this section;

\_\_\_\_\_ I understand that failure to comply with the requirements of the rule; any false statement; omission of application or business operation shall be grounds for denial; suspension or revocation of any license issued to me by the TSD.

\_\_\_\_\_ 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 service ignition interlock devices until I have received a renewal certificate from the TSD.

**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.

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1st Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Review by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

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

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