

**KANSAS IGNITION INTERLOCK
INSTALLATION / REMOVAL VERIFICATION**

06/2007

NOTE TO DRIVER:

Present this form to the Service Provider or Regional Representative of your choice at the time of installation or removal of any device.

NOTE TO SERVICE PROVIDER:

Complete this form upon installation or removal of any device and fax to Driver Control Bureau at (785) 296-6851.

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Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Driver License Number _____ Driver's License State _____

INSTALLATION

REMOVAL

Date of Installation: _____
Approved Kansas Service Provider: _____
Model No: _____
Provider Phone No: _____
Signature of Provider: _____

Date of Removal: _____
Approved Kansas Service Provider: _____
Model No: _____
Provider Phone No: _____
Signature of Provider: _____

Date of Installation: _____
Approved Kansas Service Provider: _____
Model No: _____
Provider Phone No: _____
Signature of Provider: _____

Date of Removal: _____
Approved Kansas Service Provider: _____
Model No: _____
Provider Phone No: _____
Signature of Provider: _____

Date of Installation: _____
Approved Kansas Service Provider: _____
Model No: _____
Provider Phone No: _____
Signature of Provider: _____

Date of Removal: _____
Approved Kansas Service Provider: _____
Model No: _____
Provider Phone No: _____
Signature of Provider: _____

Date of Installation: _____
Approved Kansas Service Provider: _____
Model No: _____
Provider Phone No: _____
Signature of Provider: _____

Date of Removal: _____
Approved Kansas Service Provider: _____
Model No: _____
Provider Phone No: _____
Signature of Provider: _____