



## APPLICATION FOR IGNITION INTERLOCK DEVICE MODEL CERTIFICATION

State Form 57112 (4-21)  
INDIANA STATE DEPARTMENT OF TOXICOLOGY

Type of application (*Check one*):  Initial Certification  Renewal of Certification

Business name: \_\_\_\_\_

### Physical business address:

Street

\_\_\_\_\_

City

State

ZIP Code

\_\_\_\_\_

### Designated contact person for provider or vendor in all matters related to Indiana device model certification:

Name

Telephone number

E-mail address

\_\_\_\_\_

### Mailing address for all notices related to Indiana device model certification:

Street

\_\_\_\_\_

City

State

ZIP Code

\_\_\_\_\_

### The undersigned hereby requests certification by the Indiana State Department of Toxicology of:

Name of manufacturer of ignition interlock device model: \_\_\_\_\_

Model Name / Number

Version

\_\_\_\_\_

The ignition interlock device model listed above is approved for use in the following states:

### I certify on behalf of the ignition interlock device model provider or vendor that:

- Compliance with all provisions of Indiana Administrative Code 260 IAC 3 will be maintained at all times as a condition of certification of the ignition interlock device model; and
- Any reports or data requested by ISDT will be provided as required by Indiana Code § 9-30-8-6(c).

\_\_\_\_\_  
Designated contact person signature

\_\_\_\_\_  
Date (*month, day, year*)

## Instructions for State Form 57112, Application for Ignition Interlock Device Model Certification

Before completing the application for certification of an ignition interlock device model, review Indiana Administrative Code 260 IAC 3, which is available at:

[http://iac.iga.in.gov/iac/iac\\_title?iact=260](http://iac.iga.in.gov/iac/iac_title?iact=260).

Include the following supporting documents with the completed application:

- A precise set of specifications describing the features of the device model, including all anti-circumvention features.
- The operator's manual, user's guide, or instructions provided to restricted operators using the device model.
- Any report produced by an independent accredited laboratory regarding compliance with the standards and specifications in 260 IAC 3-2-1, and a copy of the accreditation for each such laboratory.

Submit the completed application and supporting documents to:

Indiana State Department of Toxicology  
550 W. 16<sup>th</sup> Street  
Indianapolis, IN 46202

If you have questions, contact the Indiana State Department of Toxicology at 317-921-5000.

If an ignition interlock device model is approved, the Indiana State Department of Toxicology will issue a certification, which shall be effective on the date of issuance and valid for three (3) years, unless it is surrendered, suspended, or revoked prior to expiration. The certification will be subject to review by ISDT during the course of the certification period.

If certification of an ignition interlock device model is denied, suspended, or revoked, the notice will include information regarding available procedures and the time limit for seeking administrative review of the decision.