



IGNITION INTERLOCK MANUFACTURER APPLICATION FOR LICENSING

ORIGINAL RENEWAL

MANUFACTURER'S NAME (as legally established)			
MAILING ADDRESS			STATE OF BUSINESS FILING
CITY	STATE	ZIP	VALIDATION NUMBER ON CERTIFICATE OF GOOD STANDING
BUSINESS TYPE (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other (please identify): _____			
CONTACT PERSON NAME (first, middle, last)			TITLE
E-MAIL ADDRESS		PHONE NUMBER	FAX NUMBER
IGNITION INTERLOCK DEVICE NAME		MODEL NUMBER	
NAME UNDER WHICH DEVICE WILL BE MARKETED			

OHIO SECRETARY OF STATE REQUIREMENTS

REGISTERED WITH OHIO SECRETARY OF STATE <input type="checkbox"/> Yes <input type="checkbox"/> No	ENTITY NUMBER
BUSINESS NAME	ORIGINAL FILING DATE

MANUFACTURER'S APPLICANTS

IDENTIFY CAPACITY IN WHICH YOU ARE APPLYING (check one) <input type="checkbox"/> Owners <input type="checkbox"/> Partners <input type="checkbox"/> Officers <input type="checkbox"/> Directors <input type="checkbox"/> Stockholders owning 20% or more of the corporation <input type="checkbox"/> LLC Managers <input type="checkbox"/> Other (please identify): _____
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NAME (first, middle, last)		TITLE	
BUSINESS ADDRESS	CITY	STATE	ZIP
RESIDENCE ADDRESS	CITY	STATE	ZIP
NAME (first, middle, last)		TITLE	
BUSINESS ADDRESS	CITY	STATE	ZIP
RESIDENCE ADDRESS	CITY	STATE	ZIP
NAME (first, middle, last)		TITLE	
BUSINESS ADDRESS	CITY	STATE	ZIP
RESIDENCE ADDRESS	CITY	STATE	ZIP

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SECTION 1. EFFECTIVE DATE AND DEFINITIONS

A manufacturer of an ignition interlock device that intends to lease, sell, or otherwise use its ignition interlock device in Ohio shall annually obtain first a license from the Ohio Department of Public Safety (ODPS), and then shall have each ignition interlock device certified by the ODPS Director, before the manufacturer leases, sells, or otherwise uses its ignition interlock device(s) in the State of Ohio.

The definitions contained in Ohio Administrative Code (O.A.C.) Rule 4501-45-01, and any amendments thereto, shall define the terms contained in this Application for Licensing (hereinafter "application"), effective on December 31, 2010.

SECTION 2. CONCURRENT EMPLOYMENT AND CRIMINAL HISTORIES

QUESTIONS 2, 4, and 6 apply to those persons who are currently working for the manufacturer in the State of Ohio.

1. ARE ANY OF THE MANUFACTURER'S OWNERS, OFFICERS, OR PARTNERS AN EMPLOYEE, OR AN IMMEDIATE FAMILY MEMBER OF AN EMPLOYEE, OF ODPS OR THE OHIO DEPARTMENT OF HEALTH? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) If your answer is "yes", please provide:			
FULL NAME OF THE PERSON		DATE OF BIRTH	
RESIDENCE ADDRESS	CITY	STATE	ZIP
IDENTIFY THE POSITION HELD WITH EITHER ODPS OR THE OHIO DEPARTMENT OF HEALTH			

2. ARE ANY OF THE MANUFACTURER'S AGENTS, EMPLOYEES, CONTRACTORS, OR INSTALLERS AN EMPLOYEE, OR AN IMMEDIATE FAMILY MEMBER OF AN EMPLOYEE, OF ODPS OR THE OHIO DEPARTMENT OF HEALTH? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) If your answer is "yes", please provide:			
FULL NAME OF THE PERSON		DATE OF BIRTH	
RESIDENCE ADDRESS	CITY	STATE	ZIP
IDENTIFY THE POSITION HELD WITH EITHER ODPS OR THE OHIO DEPARTMENT OF HEALTH			

3. DO ANY OF THE MANUFACTURER'S OWNERS, OFFICERS, OR PARTNERS HAVE A FELONY CONVICTION? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) If your answer is "yes", please provide: If the person has more than one felony conviction, please provide this information for <i>each</i> conviction.			
FULL NAME OF THE PERSON		DATE OF BIRTH	SOCIAL SECURITY NUMBER
NAME OF THE COURT IN WHICH THE PERSON WAS CONVICTED		CASE NUMBER	
ADDRESS OF THE COURT IN WHICH THE PERSON WAS CONVICTED	CITY	STATE	ZIP
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ADDRESS OF THE COURT IN WHICH THE PERSON WAS CONVICTED	CITY	STATE	ZIP
NAME OF THE COURT IN WHICH THE PERSON WAS CONVICTED		CASE NUMBER	
ADDRESS OF THE COURT IN WHICH THE PERSON WAS CONVICTED	CITY	STATE	ZIP

4. DO ANY OF THE MANUFACTURER'S AGENTS, EMPLOYEES, CONTRACTORS, OR INSTALLERS HAVE A FELONY CONVICTION?
 Yes No (check one)
 If your answer is "yes", please provide:
 If the person has more than one felony conviction, please provide this information for *each* conviction.

FULL NAME OF THE PERSON	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
NAME OF THE COURT IN WHICH THE PERSON WAS CONVICTED	CASE NUMBER		
ADDRESS OF THE COURT IN WHICH THE PERSON WAS CONVICTED	CITY	STATE	ZIP
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ADDRESS OF THE COURT IN WHICH THE PERSON WAS CONVICTED	CITY	STATE	ZIP

5. DO ANY OF THE MANUFACTURER'S OWNERS, OFFICERS, OR PARTNERS HAVE A CONVICTION FOR:
 a) Operating a vehicle while under the influence of alcohol and / or drugs;
 b) A probation / parole violation;
 c) A drug-related offense; or
 d) Any offense involving dishonesty, deceit, or fraud?
 Yes No (check one)
 If your answer is "yes", please provide:
 If the person has more than one conviction, please provide this information for *each* conviction.

FULL NAME OF THE PERSON	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
NAME OF THE COURT IN WHICH THE PERSON WAS CONVICTED	CASE NUMBER		
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6. DO ANY OF THE MANUFACTURER'S AGENTS, EMPLOYEES, CONTRACTORS, OR INSTALLERS HAVE A CONVICTION FOR:
 a) Operating a vehicle while under the influence of alcohol and / or drugs;
 b) A probation / parole violation;
 c) A drug-related offense; or
 d) Any offense involving dishonesty, deceit, or fraud?
 Yes No (check one)
 If your answer is "yes", please provide:
 If the person has more than one conviction, please provide this information for *each* conviction.

FULL NAME OF THE PERSON	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
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NOTE: If you need additional space to answer any of the questions contained on this application for licensing, you may attach a separate sheet of paper to this application, and identify the question which you are answering on the top right corner of the separate sheet of paper for example: "Licensing Application
ABC Corporation
Question 4"

SECTION 3. CRIMINAL HISTORY CHECKS

I certify, by my initials on the line next to this section, that I am authorized to act by and for the manufacturer, and that the manufacturer agrees to, and shall be fully bound by the terms set forth below.

_____ The manufacturer acknowledges that, pursuant to O.A.C. Rule 4501-45-03(C)(3), ODPS shall have the authority to request a computerized criminal history for any person identified in this application. The manufacturer shall fully cooperate with ODPS so that all computerized criminal history checks ODPS deems necessary will be completed promptly and efficiently. All costs incurred by ODPS to perform such criminal history check shall be paid by the manufacturer.

CERTIFICATION

I certify, on behalf of the manufacturer, that the information provided on this application is true and accurate. Further, I certify, by my signature below, that I am authorized to act by and for the manufacturer.

WITNESS X	SIGNATURE OF MANUFACTURER'S REPRESENTATIVE X
WITNESS X	PRINT FULL NAME AND TITLE

_____ State of

SS:

_____ County of

The foregoing Affidavit was acknowledged before me this _____ day of _____, 20_____.

(SEAL)

X

Notary Public

Please submit the completed application, and all required documentation to:

Ohio Department of Public Safety
Attention: Payment Processing
Ignition Interlock Program Room 426
1970 W. Broad St.
P.O. Box 182081
Columbus, OH 43218-2081