



Installation Information Form

PERSONAL INFORMATION

Today's Date _____

Name _____

VEHICLE INFORMATION

Vehicle Identification # _____ Mileage _____

Tag # _____ State _____ Color _____

Year _____ Make _____ Model _____

Vehicle Insurance Policy # _____

Vehicle Owner _____

VEHICLE CHECKLIST

OK		Not OK
<input type="checkbox"/>	No Check Engine or dash warning lights after 2 minutes of running	<input type="checkbox"/>
<input type="checkbox"/>	Vehicle has a functioning horn	<input type="checkbox"/>
<input type="checkbox"/>	Vehicle has no damage to dashboard	<input type="checkbox"/>
<input type="checkbox"/>	Battery in good condition and terminals clean	<input type="checkbox"/>
<input type="checkbox"/>	Battery Load test Passed	<input type="checkbox"/>
<input type="checkbox"/>	Vehicle starts with no hesitation, sputtering or multiple attempts	<input type="checkbox"/>
<input type="checkbox"/>	Factory wiring in good condition	<input type="checkbox"/>
<input type="checkbox"/>	Alternator charging	<input type="checkbox"/>
<input type="checkbox"/>	Vehicle ignition switch functions properly	<input type="checkbox"/>
<input type="checkbox"/>	Vehicle lights functional	<input type="checkbox"/>

Comments _____

Technician Signature _____

With my signature below, I authorize the installation of an ignition interlock into the above stated vehicle and I affirm that the information in this form is true to the best of my knowledge. The above Vehicle Checklist has been completed prior to the ignition interlock being installed. The interlock system will not affect your vehicles performance, electrical system, accessories/aftermarket products or factory settings. Any problems occurring with your vehicle, either electrical or mechanical, after the installation will not be interlock related and we will not be responsible for normal mechanical failures.

Customer Signature _____