

Ulster County Ignition Interlock Program

[] Probation 340-3200 Fax 340-4373

[] Conditional Discharge 340-3449 Fax 340-3449

OWNER AUTHORIZATION TO INSTALL IGNITION INTERLOCK DEVICE: Non defendant

Docket No: _____ CJTN _____

To Whom It May Concern:

Please be advised that I, _____, being a _____
(Full Name) (Relationship)

of the Operator, _____, authorize the installation of an ignition interlock
(Full Name)

device in the following vehicle(s) owned or leased in my name as per section 1198 of the New York Vehicle and Traffic Law.

Vehicle #1

Vehicle #2

Plate Number: _____

Plate Number: _____

Vehicle Make: _____

Vehicle Make: _____

Model: _____

Model: _____

Year: _____

Year: _____

Color: _____

Color: _____

V.I.N.: _____

V.I.N.: _____

Insurance Company: _____

Insurance Company: _____

Policy Number: _____

Policy Number: _____

I am aware that _____ is subject to a sentencing order of the
(Operator's Full Name)

_____ Court and has been ordered to have an ignition interlock device installed as a condition of that sentence for a minimum period of _____ months [and, if applicable, pursuant to New York State Vehicle and Traffic Law Section 1193(1-a)(c) during the period of license revocation and its termination] [and for each additional period as the court may determine]. I hereby authorize him/her to operate the above vehicle(s) in accordance with Section 1198 of the New York State Vehicle and Traffic Law.

Notary Signature

Authorizing Name (print)

Date

Address

Authorizing Signature

Phone Number

UCIID-09

Date