



Application for Ignition Interlock Credit

Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles
 DPSMV21109 (R 09/17/2021)

Applicant Information			
Last Name	First Name	Middle/Maiden or Suffix	
Date of Birth	Driver's License Number		
Address	City	State	Zip

Violation Information		
This section must be completed, in its entirety, by an authorized court official.		
Violation Date	Citation Number	Docket Number
<p>The _____ has required the applicant listed above to (Court Name)</p> <p>install an ignition interlock device as a condition of (only check one):</p> <p><input type="checkbox"/> Bail</p> <p><input type="checkbox"/> Pre-Trial Diversion Program</p> <p><input type="checkbox"/> Suspended or Deferred Sentence, as provided in Article 894 of the Code of Criminal Procedure</p> <p>for an offense involving the operation of a motor vehicle, while under the influence of alcohol, drugs, or a combination of alcohol and drugs.</p>		
Authorized Court Official's Signature	Authorized Court Official's Printed Name	Authorized Court Official's Title

Along with this form, a form from the interlock manufacturer, on company letterhead, must also be provided, which verifies if any interlock violations have been reported.

(1) I am in compliance with the CMV Safety Act of 1986; I do not and will not have in my possession more than one driver's license; (2) I am aware if I drive a vehicle without an ignition interlock device installed in it; I was charged or arrested for any offense involving the operation of a motor vehicle while under the influence of alcohol, drugs, or a combination of alcohol and drugs; I received two or more violations within a 30 day period for tampering with the ignition interlock device, circumventing the ignition interlock device, failure to bring the ignition interlock device in for required service, failure to pass the ignition interlock device breath test, failure to take or pass the ignition interlock device breath re-test, using the emergency override feature without justification or unauthorized removal of the device; During a period for which credit is being requested or has been granted I will forfeit my right to any credit which has been or will be applied and may possibly.

Date	Applicant's Signature	MVCA's Signature	OID	Office #
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