

CO PIN is your driver's
license or personal
identification number
(they are the same)

RESTRICTED LICENSE IGNITION INTERLOCK AGREEMENT AFFIDAVIT

Name		CO PIN	
Address			
City		State	ZIP
As a condition of my reinstatement, pursuant to §42-2-132, C.R.S., I hereby certify that:			
<ol style="list-style-type: none">1. I have obtained a signed lease agreement for the installation and use of an approved ignition interlock device as defined in section §42-2-132.5 (6), C.R.S.2. I understand and agree that I must obtain and hold an Interlock Restricted driver license/permit for the entire period of the ignition interlock restriction. The Restricted license/permit must be issued within 20 days of reinstatement or I will be required to obtain a new lease agreement from the interlock provider and have the interlock device in my car for additional time.3. I have obtained such an agreement for each vehicle on which my name appears as owner or co-owner and any other vehicle I may have access to drive during the restricted license period.4. I understand that to do an early reinstatement with the ignition interlock device, I must be a Colorado resident and must remain a Colorado resident for the period of time I have a contract for the ignition interlock device. Should I become a resident of another state while I am still completing my early reinstatement obligations, I understand that a suspension may be taken against my driving privilege according to §42-2-132.5 (5), C.R.S.5. I understand that there may be additional requirements, obligations, and restrictions imposed by the ignition interlock provider.6. I have obtained the consent of any owner or co-owner of the ignition interlock vehicles.7. I understand that I will be held responsible for and my driving privilege is dependent on the proper use of the ignition interlock device regardless of who may operate the ignition interlock equipped vehicle. (See reverse side)			
I hereby certify that the above information given is true and correct and I understand that any false information given will be cause for cancellation of my driving privilege.			
Signature		Date	
The notary must witness your signature. DO NOT sign ahead of time			
<p>This section will be filled out by your notary.</p> <p>Note: Most banks will do this for free if you have an account</p>	Subscribed and affirmed, or sworn to before me this _____		
	day of _____, 2 _____		
	In the County of _____		
	State of _____		
	Notary Signature		
Commission Expiration Date			