



OREGON IGNITION INTERLOCK DEVICE OVERSIGHT PROGRAM TECHNICIAN BACKGROUND & CHECK REQUEST



Instructions: Please complete this form (or substantial copy) when requesting background history for an ignition interlock device technician. Mail request with the following documentation: Ignition Interlock Device Technician Declaration, Knowledge and Skills Examination Certificate of Completion, copy of identification card or driver's license, and \$10.00 check or money order payable to:

OREGON STATE POLICE
Attn: Ignition Interlock Device Program
3565 Trelstad Ave SE
Salem, OR 97317

Note: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry.

All information is REQUIRED. Failure to supply complete information may affect results of inquiry.

Section 1 – Technician Information

LAST NAME		FIRST NAME		MIDDLE NAME(S)	
ALIAS/MAIDEN NAME		DATE OF BIRTH (MM/DD/YYYY)	DRIVERS LICENSE NUMBER		ISSUING STATE
CURRENT ADDRESS (STREET/CITY/STATE/ZIP)					

Section 2 – Return of Information

Upon completing my request for background information, I prefer the Oregon State Police Ignition Interlock Device Program to provide the results of the inquiry to me by:

Mail:	ADDRESS (STREET/CITY/STATE/ZIP)
E-mail:	EMAIL ADDRESS

Section 3 – Background History Response

The Oregon State Police Ignition Interlock Device Program will report any disqualifying information pursuant to Oregon Revised Statute 813.665 and Oregon Administrative Rule 257-100-0045 within 14 calendar days from receiving the request. No other criminal offender information will be provided. The applicant has the opportunity to challenge the accuracy of the information provided. The applicant (subject of the request) must contact the Oregon State Police Ignition Interlock Device Program within 14 calendar days from when the information was sent.

If no challenge is received and the applicant is employed by a certified IID Service Center, Manufacturer, or Manufacturer's Representative, the Oregon State Police Ignition Interlock Device Program will provide notice to the Service Center, Manufacturer, or Manufacturer's Representative of the disqualification pursuant to Oregon Administrative Rule 257-100-0045. Specific information regarding the disqualification will not be provided.

Section 4 – No Disqualifying Information Response

If there is no disqualifying information or the applicant's background record consists only of non-conviction data, the Oregon State Police Ignition Interlock Device Program will respond to the applicant that no disqualifying information was located and will not release any further information.

Section 5 – Notarized Identity Verification

I hereby represent that all information in Section 1 is true and accurate.

Applicant Name – PRINTED (First, Middle, Last)

Applicant Signature (*Sign in the Presence of a Notary*)

I hereby certify that on this _____ day of _____, 20_____

Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence, and presented the following form of identification as proof of their identity.

- Driver's License or Govt. Identification Card
- U.S. Passport
- U.S. Military Identification Card
- State Identification Card

Notary Public for the State of Oregon (*Printed Name*)

My Commission Expires:

Notary Public Signature



Reserved for Notary Seal