



**OREGON IGNITION INTERLOCK DEVICE
OVERSIGHT PROGRAM
MECHANIC'S AFFIDAVIT**



Distribution:

Please have mechanic fill out this form in its **entirety** and the required driver shall submit to:

- The applicable Manufacturer's Representative (IID company) **within 24 hours of this form being completed.**

Fields in this form may be completed electronically.

Section 1 – IID Required Driver's Information

NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MM/DD/YYYY)	DRIVER LICENSE
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Section 2 – Manufacturer's Representative Information

IID COMPANY NAME	PHONE
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Section 3 – Vehicle Information

YEAR	MAKE	MODEL	LICENSE PLATE	LICENSE STATE
VEHICLE COLOR	IID DEVICE WAS DISCONNECTED/ BYPASSED DURING MAINTENANCE (SELECT ALL THAT APPLY)			HANDSET CAMERA BLOCKER

Section 4 – Mechanic Information

MECHANIC'S NAME	EMPLOYER / BUSINESS NAME			
EMPLOYER / BUSINESS ADDRESS	CITY	STATE	ZIP CODE	
EMAIL ADDRESS	PHONE			

I, or my co-workers, was in sole possession of the above described vehicle from _____ to _____

Section 5 – Maintenance Description

DESCRIBE THE TYPE OF REPAIR WORK PERFORMED (ALL RECEIPTS FOR PARTS OR SUBLET LABOR MUST BE ATTACHED)

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The ignition interlock device was connected and no longer bypassed prior to leaving this business Yes No

I certify (or declare) under penalty of perjury under the laws of the State of Oregon, that I worked on the vehicle listed above and the information I have provided is true and accurate.

MECHANIC'S PRINT NAME	MECHANIC'S SIGNATURE	DATE
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