



**OREGON IGNITION INTERLOCK DEVICE
OVERSIGHT PROGRAM
APPLICATION FOR DEVICE QUALIFICATION**



SELECT ONE	Initial Ignition Interlock Device Qualification	Renew/Modify Ignition Interlock Device Qualification
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Section 1 – IID Manufacturer

IGNITION INTERLOCK DEVICE MANUFACTURER COMPANY NAME				
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP
CONTACT NAME	PHONE	FAX	EMAIL ADDRESS	

Section 2 – IID Manufacturer’s Representative

FULL NAME		TITLE		
MANUFACTURER’S REPRESENTATIVE COMPANY NAME				
MAILING ADDRESS		CITY	STATE	ZIP
PHONE	FAX	EMAIL ADDRESS		

Section 3 - IID Certification

The undersigned hereby request certification by the Oregon State Police (OSP) - Ignition Interlock Device Oversight Program of the following ignition interlock device.

IID MODEL NAME	MODEL NUMBER	VERSION	YEAR
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By my initials beside each statement, I _____, certify on behalf of the device manufacturer that:

MANUFACTURER’S REPRESENTATIVE

- _____ INITIAL A. All aspects of the Oregon Revised Statute (ORS) 813.600 and Oregon Administrative Rules (OARs) 257-100-0005 through 257-100-0080 are understood and compliance will be maintained at all times.
- _____ INITIAL B. The Manufacturer’s Representative and its employees will cooperate with OSP at all time, including the inspection of the manufacturer’s ignition interlock device.
- _____ INITIAL C. The Manufacturer or Manufacturer’s Representative agree to provide all downloaded ignition interlock device data, reports, and information related to the ignition interlock device to OSP in an approved electronic format.
- _____ INITIAL D. The Manufacturer or Manufacturer’s Representative agree to provide testimony relating to any aspect of the installation, service, repair, calibration, use, removal or performance of the ignition interlock device at no cost to the State of Oregon or any of its political subdivisions.
- _____ INITIAL E. An ignition interlock device qualification is valid for five years from the date of qualification and such qualification is subject to review at the discretion of OSP during the course of the qualification period.
- _____ INITIAL F. The ignition interlock device will be maintained in accordance with the rules and standards adopted by OSP and will meet or exceed the minimum standards according to the rules adopted by OSP.
- _____ INITIAL G. All ignition interlock devices used in the State of Oregon will function with a GPS and camera approved by OSP.

MANUFACTURER’S REPRESENTATIVE SIGNATURE	DATE
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Section 4 – International Organization for Standardization Certified Laboratory Notarized Statement

IID MODEL NAME	MODEL NUMBER	VERSION
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The ignition interlock device named above was tested by the laboratory named below on the date specified. The laboratory is accredited by ISO for testing standards. The above named device met or exceed all model specifications listed in the most current version of the Federal Register.

TESTING LABORATORY			
STREET ADDRESS	CITY	STATE	ZIP
PHONE	FAX	EMAIL ADDRESS	

Notary
State of _____
County of _____
This record was acknowledged before me on _____ by _____
DATE (MM/DD/YYYY)
_____ NAMES OF INDIVIDUALS
Notary Public
Print Name: _____
My commission expires: _____

The following documentation must accompany with application. The information shall be completed and provided in a professional manner.

- A written statement from the manufacturer on the manufacturer's letterhead addressed to OSP that authorizes a manufacturer's representative to act as the sole source manufacturer's representative for the manufacturer's device model.
- A certificate of insurance as proof of product liability insurance as described in OAR 257-100-0015.
- A copy of the surety bond in compliance with OAR 257-100-0025.
- Outline the IID installation, calibration, data download, data storage and removal procedures.
- Outline of all anti-circumvention features to be used in association with the IID.
- The configuration profile of the IID in compliance with OAR 257-100-0010.
- A copy of the description of ISO laboratory tests performed.
- Copies of the data and results of the testing procedures.
- Written documentation of the manufacturer's certification to the current International Organization for Standardization (ISO) 9001 Quality Management System (QMS) for aspects related to construction, production and repair of a device. Along with this certification, a copy of the manufacturer's Quality Assurance Plan (QAP) for checking the accuracy of the calibration.
- A signed OSP Ignition Interlock Device Violation Policy form (257-0012), detailing how the validity of violations committed by the individual will be determined in accordance with ORS 813.635.
- A copy of any operating instructions that may be provided to an IID user.
- A copy of any videos that may be used in training users and/or clients.
- Allow online accessibility for OSP to review and download reports of any individual and device.
- Provide the toll-free 24/7 technical assistance telephone number for customers.