



**OREGON IGNITION INTERLOCK DEVICE  
OVERSIGHT PROGRAM  
FIXED SITE SERVICE CENTER APPLICATION**



**Section 1 – Service Center Information**

SELECT ONE				
Initial application		Renewal		
BUSINESS NAME				
STREET ADDRESS			CITY	STATE    ZIP
COUNTY	EMAIL ADDRESS			PHONE
SELECT THE REGION THIS SERVICE CENTER WILL REPRESENT				
A	B	C	D	E    F    G    H    I    J    K
MANUFACTURER'S REPRESENTATIVE				PROJECTED START DATE
Are the following items attached?				
Copy of business insurance				Yes    No
Written statement from manufacturer's representative authorizing service of the device				Yes    No
Current fees and rates for device services				Yes    No
Is the business registered with the Secretary of State?				Yes    No
Does this service center provide a customer waiting area separate from the installation area?				Yes    No
Does this service center have current fees and rates for device services posted per OAR 257-100-0025?				Yes    No
Are mobile services offered at this site?				Yes    No

**Service Center hours of operation for ignition interlock services:**

	DAY	OPENING HOUR	CLOSING HOUR	CLOSED
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			

**Section 2 – Signature and Certification**

I certify the information provided above is true and accurate.

MANUFACTURER'S REPRESENTATIVE PRINT NAME	MANUFACTURER'S REPRESENTATIVE SIGNATURE	DATE
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**OSP USE ONLY**

Approved	Denied	REVIEWER NAME	DATE	SERVICE CENTER CERTIFICATION NUMBER
COMMENTS				