



**OREGON IGNITION INTERLOCK DEVICE
OVERSIGHT PROGRAM
MOBILE SERVICE CENTER APPLICATION**



Section 1 – Mobile Service Center Information

SELECT ONE			
Initial application		Renewal	
ASSOCIATED SERVICE CENTER NAME			
STREET ADDRESS		CITY	STATE ZIP
COUNTY	EMAIL ADDRESS		PHONE
MANUFACTURER'S REPRESENTATIVE			PROJECTED START DATE

Section 2 – Vehicle Information

VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	VEHICLE COLOR	LICENSE PLATE	STATE
VEHICLE IDENTIFICATION NUMBER (VIN)		INSURANCE COMPANY	POLICY NUMBER		EXPIRATION DATE
VEHICLE REGISTRATION ADDRESS			CITY	STATE	ZIP
MANUFACTURER'S REPRESENTATIVE LOGO/DECAL AFFIXED TO VEHICLE Yes No			LOCATION OF LOGO/DECAL		

Section 3 – Driver / Technician Information

OPERATOR NAME	OREGON DRIVER LICENSE	Driver	IID Technician
STREET ADDRESS		CITY	STATE ZIP
COUNTY	EMAIL ADDRESS		PHONE
ADDITIONAL OPERATOR NAME	OREGON DRIVER LICENSE	Driver	IID Technician
STREET ADDRESS		CITY	STATE ZIP
COUNTY	EMAIL ADDRESS		PHONE

Mobile Service Center Additional Driver Form (257-002a1) Attached?

Section 4 – Certification and Signature

I certify the above information I have provided is true and accurate.

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

MOBILE SERVICE CENTER	APPROVED	DENIED	OPERATOR	APPROVED	DENIED	ADDITIONAL OPERATOR	APPROVED	DENIED
REVIEWER NAME							DATE	
COMMENTS						SERVICE CENTER CERTIFICATION NUMBER		