



**OREGON IGNITION INTERLOCK DEVICE  
OVERSIGHT PROGRAM  
MOBILE SERVICE CENTER ADDITIONAL DRIVER**



**Section 1 – Mobile Service Center Information**

ASSOCIATED SERVICE CENTER NAME	
MANUFACTURER'S REPRESENTATIVE	PROJECTED START DATE

**Section 2 – Vehicle Information**

VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	VEHICLE COLOR	LICENSE PLATE	STATE
--------------	---------------	--------------	---------------	---------------	-------

**Section 3 – Additional Driver / Technician Information**

ADDITIONAL OPERATOR NAME (2)		OREGON DRIVER LICENSE	Driver	IID Technician	
STREET ADDRESS		CITY	STATE	ZIP	
COUNTY	EMAIL ADDRESS		PHONE		
ADDITIONAL OPERATOR NAME (3)		OREGON DRIVER LICENSE	Driver	IID Technician	
STREET ADDRESS		CITY	STATE	ZIP	
COUNTY	EMAIL ADDRESS		PHONE		
ADDITIONAL OPERATOR NAME (4)		OREGON DRIVER LICENSE	Driver	IID Technician	
STREET ADDRESS		CITY	STATE	ZIP	
COUNTY	EMAIL ADDRESS		PHONE		

**Section 4 – Certification and Signature**

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

MANUFACTURER'S REP. PRINT NAME	MANUFACTURER'S REP. SIGNATURE	DATE
--------------------------------	-------------------------------	------

**OSP USE ONLY**

ADD'L OPERATOR (2)	Approved   Denied	ADD'L OPERATOR (3)	Approved   Denied	ADD'L OPERATOR (4)	Approved   Denied
REVIEWER NAME					DATE
COMMENTS				SERVICE CENTER CERTIFICATION NUMBER	