



**OREGON IGNITION INTERLOCK DEVICE
OVERSIGHT PROGRAM
IID TECHNICIAN DECLARATION**



Section 1 – Technician Information

TECHNICIAN NAME	SERVICE CENTER
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IGNITION INTERLOCK DEVICE(S) TRAINED ON

Section 2 - Declaration

I, _____, declare and certify the following:

INITIAL As an Oregon State Police certified ignition interlock device technician in Oregon, I will be responsible for providing a critical public safety service to reduce the incidence of drivers on the highways and roads of this state who, because of consumption of alcohol, pose a danger to the health and safety of other drivers. The installation of an ignition interlock breath alcohol device provides a means of deterring the use of motor vehicles by persons who have consumed alcohol. I understand the serious nature of this responsibility.

INITIAL I am at least eighteen (18) years of age.

INITIAL I have read the requirements of Oregon Administrative Rules 257-100-0005 through 257-100-0080, adopted by the State of Oregon regarding performance standards for breath alcohol ignition interlock devices. I understand failure to comply with these rules as they relate to device services I provide as a technician shall be grounds for disqualification by the Oregon State Police and may also result in suspension or revocation of a service center certification or interlock manufacturer device certification statewide.

INITIAL I have read Oregon Revised Statutes 813.608 and 813.614, the laws and penalties related to bypassing and tampering with an ignition interlock device. I understand that I may be charged with a Class A traffic infraction if I knowingly assist a person who is restricted to the use of a vehicle equipped with an ignition interlock device to circumvent the device or to start and operate that vehicle.

INITIAL I will not perform any work as an ignition interlock technician in Oregon until I am qualified and have successfully completed the training by the respective interlock manufacturer(s).

INITIAL I will notify the manufacturer's representative(s) and Oregon State Police of any arrests that would result in disqualification as an ignition interlock device technician.

INITIAL I will notify the respective interlock manufacturer's representative immediately upon my conviction of any criminal offense or arrest in relation to my work as an ignition interlock technician and I understand this may be grounds for disqualification.

INITIAL I received a score of 80 percent or higher on the knowledge and skills examination.

Further, I attest to the following (initial appropriate option):

YES NO Do you possess a valid driver's license? If yes, issuing state: _____.

YES NO Have you received training from your interlock device manufacturer(s) and do you feel comfortable in your ability to install, remove, calibrate and/or service a certified ignition interlock device and provide related training to clients?

TRAINING DESCRIPTION	DATE OF TRAINING	LOCATION	NUMBER OF HOURS

If more space is needed, attach additional sheet(s) in the same format. Check here if additional page(s) attached.

Section 3 - Residency

In the past 10 years, I have been a resident of the following states:

STATE	FROM (MONTH / YEAR)	TO (MONTH / YEAR)

If more space is needed, attach additional sheet(s) in the same format. Check here if additional page(s) attached.

Section 4 – Criminal History Statement

Note: This information will be verified by a law enforcement officer. False or incomplete information may result in application delay, denial, and/or criminal charges.

Have you been (initial appropriate response):

YES NO Convicted of a misdemeanor in any jurisdiction within two years of the date of the criminal background check.

YES NO Convicted of a misdemeanor driving under the influence of intoxicants in violation of ORS 813.010 or the statutory counterpart in another jurisdiction within five years of the date of the criminal background check.

YES NO Convicted of a felony in any jurisdiction within 10 year of the date of the criminal background check.

YES NO Required to have an ignition interlock installed in any jurisdiction for any reason.

YES NO Convicted of a violation for controlled substance possession in any jurisdiction within two years of the date of application.

If you answered "yes" to any of these questions, please explain each conviction or pending charge:

DATE	CHARGE	CITY	COUNTY	STATE	DISPOSITION

If more space is needed, attach additional sheet(s) in the same format. Check here if additional page(s) attached.

Section 5 – Signature and Certification

By my signature below, I certify and declare, under penalty of perjury under the laws of the State of Oregon, that the foregoing and all included documents are true and correct.

TECHNICIAN NAME	SIGNATURE	DATE
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OSP USE ONLY

Approved	Denied	REVIEWER NAME	REVIEWER SIGNATURE	DATE
COMMENTS				