



**OREGON IGNITION INTERLOCK DEVICE
OVERSIGHT PROGRAM
APPLICATION AND FEE SUBMISSION FORM**



Instructions for filling out:

The Oregon State Police Ignition Interlock Device Oversight Program shall require an application, renewal and monthly device fee in accordance with OAR 257-100-0070 and ORS 813.660.

Payment Information

Note: A form example is noted in the shaded row of the table below. Submit payment to:

Oregon State Police
Attn: Ignition Interlock Device Oversight Program
3565 Trelstad Avenue SE
Salem, Oregon 97317

***Include a copy of this form with payment**

Check Number	Manufacturer's Representative	SERVICE CENTER NAME (if applicable)	TRANSACTION TYPE	FEE AMOUNT
123456789	Ignition Interlock Company	Ma and Pa Advanced Autobody and Repair Shop	Service Center Renewal Application	\$600.00
Total # of Checks Enclosed			Total Amount Enclosed	

Acknowledgements

I understand that all fees submitted to OSP- IID are non-refundable and are not transferable in accordance with OAR 257-100-0070. I understand incomplete applications will be denied and I will be required to reapply.

By typing or signing my name and the date below, I certify that the information submitted on this form is true and accurate to the best of my knowledge. (ORS 162.065)

AUTHORIZED REPORTING REPRESENTATIVE PRINT NAME	AUTHORIZED REPORTING REPRESENTATIVE SIGNATURE	DATE