



OREGON IGNITION INTERLOCK DEVICE OVERSIGHT PROGRAM MECHANIC'S AFFIDAVIT



Distribution:

Please fill out this form in its entirety and send to the following:

- The Oregon State Police IID Program (3565 Trelstad Ave SE, Salem, OR 97317 or ospiidreports@osp.oregon.gov; and
- The applicable Manufacturer's Representative (IID Company)

Fields in this form may be completed electronically.

Section 1 – IID Required Driver's Information

NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MM/DD/YYYY)	DRIVER LICENSE
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Section 2 – Manufacturer's Representative Information

IID COMPANY NAME	PHONE
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Section 3 – Vehicle Information

YEAR	MAKE	MODEL	LICENSE PLATE	LICENSE STATE		
VEHICLE COLOR	IID DEVICE WILL BE DISCONNECTED/ BYPASSED DURING MAINTENANCE (SELECT ALL THAT APPLY)			HANDSET	CAMERA	BLOCKER

Section 4 – Mechanic Information

MECHANIC'S NAME	EMPLOYER / BUSINESS NAME		
EMPLOYER / BUSINESS ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	PHONE		

I, or my co-workers, will be/ was in sole possession of the above described vehicle from _____ to _____

Section 5 – Maintenance Description

DESCRIBE THE TYPE OF REPAIR WORK PERFORMED (ALL RECEIPTS FOR PARTS OR SUBLET LABOR MUST BE ATTACHED)

I (we) certify (or declare) under penalty of perjury under the laws of the State of Oregon, that I (we) will be working (worked) on the vehicle listed above and that the information I have provided is true and accurate.

MECHANIC'S PRINT NAME	MECHANIC'S SIGNATURE	DATE
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