



Service Nova Scotia and Municipal Relations  
Service Delivery

PO Box 1652  
Halifax, Nova Scotia  
B3J 2Z3

<b>PAYMENT TYPE</b>	
<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Credit Card
Amount Received	Change to Client

If name or address has changed, please notify us

ALCOHOL IGNITION INTERLOCK PROGRAM

# Application for Alcohol Ignition Interlock Services

# Side 1

**SECTION 1 – Client Identification**

(PLEASE PRINT ALL INFORMATION IN BLOCK LETTERS)

CLIENT				SEX			
				<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
CLIENT MASTER NUMBER			DATE OF BIRTH				
			DD	MM		YY	

**RESIDENCE ADDRESS**

**MAILING ADDRESS (if different than residence)**

STREET NUMBER and STREET NAME, APT. NO.		STREET NUMBER and STREET NAME, PO BOX NO., RR. NO., APT NO.	
CITY, TOWN or VILLAGE	POSTAL CODE	CITY, TOWN or VILLAGE	POSTAL CODE
	-		

**SECTION 2 – Application for:**

Temporary Leave     Temporary Leave Re-Entry     Exit     Initial Enrollment     Re enrollment

Reason for Temporary Leave: \_\_\_\_\_

Description of Proof Supplied: \_\_\_\_\_

**Plate Information**

CURRENT	PROV
_ _ _ _ _ _ _ _	_ _

VIN / SERIAL NUMBER	YEAR	MAKE	MODEL	BODY TYPE	IF VAN OR BUS INDICATE SEATING CAPACITY	CLASS
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	_
VEHICLE CLASS	<b>10</b> PASSENGER VEHICLE	<b>17</b> CAMPER	<b>23</b> BUS	<b>40</b> FARM TRACTOR	<b>75</b> MISC. EQUIPMENT	
	<b>11</b> MOTORCYCLE	<b>19</b> ANTIQUE AUTO	<b>27</b> OFF HIGHWAY	<b>49</b> FIRETRUCK		
	<b>13</b> MOTOR DRIVEN CYCLE	<b>20</b> COMMERCIAL TRUCK	<b>28</b> COMMERCIAL TRUCK TRACTOR	<b>70</b> MISC. EQUIPMENT POWERED		

**To be completed when the Interlock Applicant is NOT the same as the vehicle owner**

I / We hereby certify that I am/we are the owner of the vehicle described herein within the meaning of the *Motor Vehicle Act / Off-Highway Vehicle Act*.

I / We hereby grant permission to  _____ INTERLOCK APPLICANT	MASTER NUMBER
	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
RESIDENCE ADDRESS	MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)
To install an Interlock device in this vehicle	MASTER NUMBER
_____ VEHICLE OWNER(S) NAME(S)	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
_____ VEHICLE OWNER(S) SIGNATURES(S)	

I hear by make application to enroll in the Alcohol Ignition interlock Program.

**SECTION 3 – License Status**

License Surrendered to RMV     Affidavit Submitted

**Please Note:** Applicant must sign Section 6

