

Service Nova Scotia and Municipal Relations Service Delivery PO Box 1652 Halifax, Nova Scotia B3J 2Z3

PAYMENT TYPE							
Cheque	🗆 Ca	ash	🖵 Money Order				
Debit Card	🗋 Cr	edit Ca	ard				
Amount Received	Amount Received		nge 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 INFO	RMATION IN BLOCK I	.ETTERS)				
CLIENT				SEX [MALE	🔲 FEN	ЛАLЕ
CLIENT MASTER NUMBER	DATE OF BIF	RTH					
	DD MM	YY					
ESIDENCE ADDRESS			ESS (If different the	an rasidan			
STREET NUMBER and STREET NAME, APT. NO.			nd STREET NAME, PO				
		SINCEPTIONISERIU		00/110.,11			
CITY, TOWN or VILLAGE	POSTAL CODE	CITY, TOWN or VIL	L AGE		P	OSTAL CODE	
			5.02				
SECTION 2 – Application for:							
	y Leave Re-Entry	Exit	Initial Enro	llment	🔲 Re e	enrollment	t
Reason for Temporary Leave:							
Description of Proof Supplied:							
Plate Information CURRENT PROV PROV							
VIN / SERIAL NUMBER	YEAR MAKE	MO	IDEL BOD	OY TYPE	IE VAN OR F	BUS INDICATE	CLAS
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SEATING CA		
10 PASSENGER VEHICLE		23 BUS		D FARM TRA		75 MISC. EQ	UIPMEI
VEHICLE CLASS 11 MOTORCYCLE		27 OFF HIGHWAY 28 COMMERCIAL TF		9 FIRETRUC			
				VIVIISC. EQU	JIPMENT POWE	ΝΕU	
o be completed when the Interlock A							
I / We hereby certify that I am/we are the owner of the	vehicle described herein within t	he meaning of the M			/ehicle Act.		
1/We hareby great permission to			MASTER NU	JMBER			
I / We hereby grant permission to							
INTERLOCK APPLICANT							
RESIDENCE ADDRESS			MAILING ADDRESS	s (IF DIFFER	ENT THAN RESIL	DENCE)	
			MASTER NU	JMBER			
To install an Interlock device in this vehicle							
VEHICLE OWNER(S) NAME(S)							
VEHICLE OWNER(S) NAME(S)							
	shal lanition interlade Dramon						

SECTION 3 – License Status

License Surrendered to RMV

Affadavit Submitted

Please Note: Applicant must sign Section 6

Application for Alcohol Ignition Interlock Services

Side 2

SECTION 4 – Replace Vehicle Request

Plate Information

Plate Removed					Plate A	dded			
CURRENT	PROV				CL	JRRENT	PROV		
Vehicle to be Remo	ved								
VIN / SERIAL NUMBER			YEAR	MAKE		MODEL	BODY TYPE	IF VAN OR BUS INDICATE	CLASS
								SEATING CAPACITY	
	10 PASSENGER VEH		CAMPER		23 BUS		1 40 FARM TRA	 CTOR 75 MISC. EQ	
VEHICLE CLASS	11 MOTORCYCLE		ANTIQUE A	UTO	27 OFF HIG	HWAY	49 FIRETRUCK		
	13 MOTOR DRIVEN					RCIAL TRUCK TR		IPMENT POWERED	
Vehicle to be Enroll	ed								
VIN / SERIAL NUMBER			YEAR	MAKE		MODEL	BODY TYPE	IF VAN OR BUS INDICATE	CLASS
								SEATING CAPACITY	
							I	l	
Reason for Vehicle Replacer	nent:								
To be completed wi	hen the Interlo	k Annlic	ant is N	OT the s	amo as ti	na vahicla c	wnor		
I / We hereby certify that I								ehicle Act.	
, ,					5		MASTER NUMBER		
I / We hereby grant permis	ssion to								
INTERLOCK APPLICANT									
RESIDENCE ADDRESS						MAUL			
RESIDENCE ADDRESS						IVIAILI	NG ADDRESS (IF DIFFERE	INT THAN RESIDENCE)	
							MASTER NUMBER		
To REMOVE /	INSTALL an Inte	erlock device	in this vehi	cle					
VEHICLE OWNER(S) NAM	E(S)								
VEHICLE OWNER(S) SIGN	ATURES(S)								
L hear by make app	blication to enroll in th	e Alcohol Ia	nition inte	rlock Program	n.				
SECTION 5 – Owner		kemoved							
VEHICLE OWNER IDENTIF	ICATION								

OWNER NAME		PHONE NUMBER				
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			

Plate to be Removed

CURRENT							

PROV	

Vehicle to be Removed

VIN / SERIAL NUMBER		YEAR	MAKE		MODEL	BODY TYPE	IF VAN OR BUS INDICATE SEATING CAPACITY	CLASS
10	PASSENGER VEHICLE 17 C	AMPER		23 BUS		40 FARM TRACT	TOR 75 MISC. EQ	UIPMENT
VEHICLE CLASS 11	MOTORCYCLE 19 A	NTIQUE A	AUTO	27 OFF HIG	HWAY	49 FIRETRUCK		
13	MOTOR DRIVEN CYCLE 20 C	OMMERO	CIAL TRUCK	28 COMME	RCIAL TRUCK TRA	CTOR 70 MISC. EQUIP	PMENT POWERED	

SECTION 6 – Applicant Declaration [Please Note: Applicant must sign this section.]

I / We hereby certify that the information contained on this application is true.	DATE
APPLICANT'S SIGNATURE(S)	DD MM YY
WARNING: The Motor Vehicle Act provides a penalty of a fine and imprisonment for false sta	atement of fact in this application.