**pennsylvania** DEPARTMENT OF TRANSPORTATION

### SELF-CERTIFICATION OF VEHICLE(S) TO BE OPERATED REQUESTING REMOVAL OF IGNITION INTERLOCK SYSTEM(S) FROM VEHICLE(S) NOT OPERATED

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION

EMAIL FORM TO: RA-PDIGNINTSELFCERTS@PA.GOV SEE BACK OF THIS FORM FOR INSTRUCTIONS

Α	DRIVER INFORMATION							
	Name				Driver License Number			
	Address: A P.O. Box number may be used in addition to the actual residence address, but cannot be used as the only address.		City			State	Zip Code	
							1	
B	EHICLE INFORMATION (List all vehicles to be operated)							
	Plate # Title #	VIN #		Year/Make				
	Plate # Title # VIN #		Year/Make					
	Plate # Title #	VIN #		Year/Make				
C	C STATEMENT OF VEHICLE(S) TO BE OPERATED (Complete statement)							
	I, hereby state that I will only operatate the vehicle(s) list PLEASE PRINT NAME in section B.							
	I certify that all information given on this statement is true and correct.							
	SIGNATURE IN INK WARNING: Misstatement of facts is a misdemeanor of the	DATE						
	WARNING: Misstatement of facts is a misdemeanor of the third degree punishable by fine of up to \$2,500.00 and/or imprisonment up to one year (18 Pa. C.S. Section 4904(b))							
D STATEMENT OF VENDOR (Complete statement) Vendor Name					Dhone Niverbar			
			Phone Number					
			0.11					
	Vendor Address		City		Si	ate	Zip Code	
I, hereby state that an ignition interlock system was installed on the vehicle(s							ehicle(s)	
	PRINT NAME       listed in Section B on							

## **CUSTOMER INSTRUCTIONS FOR COMPLETING THIS FORM**

This form is to be completed when you are requesting to have an Ignition Interlock system(s) removed from a vehicle(s) other than the vehicle(s) you have chosen to operate during your required one-year II period. In order for an II vendor to remove an II system(s) from a vehicle(s) other than the vehicle(s) you have chosen to operate, you must present them with this form. After the II system(s) is removed, the vendor will complete Section D and submit your form to PennDOT.

#### **SECTION A - DRIVER INFORMATION**

List full name and driver number. You will find your driver number listed in your suspension or revocation notice and restoration requirements letter. You can also obtain your driver number by calling the department's Customer Care Center at 717-412-5300, or by visiting our website at www.dmv.pa.gov to obtain a restoration requirements letter.

#### **SECTION B - VEHICLE INFORMATION**

List all vehicles to be operated. The title #, tag #, VIN #, and make of vehicle can be found on the registration card. You will be required to show a valid registration and proof of motor vehicle insurance. For additional vehicles, please attach a seperate listing to this form.

#### SECTION C - STATEMENT OF VEHICLES TO BE OPERATED

Complete this section by printing your name, signing your name, and dating. Misstatement of facts could result in fines and/or imprisonment.

# **VENDOR INSTRUCTIONS FOR COMPLETING THIS FORM**

### THIS FORM IS TO BE EMAILED (RA-PDIGNINTSELFCERTS@pa.gov) TO PENNDOT ONCE COMPLETED.

#### SECTION D - STATEMENT OF THE VENDOR

This form should only be completed when an individual is requesting to have an Ignition Interlock (II) system(s) removed from a vehicle(s) other than the vehicle(s) they have certified they will be operating during their one-year II period.

Complete Section D by listing the date the ignition interlock system was installed by the installation center, printing your name, signing your name, and dating. Once completed, the form should be emailed to PennDOT.

**NOTE:** Section D is to be completed by the vendor employees authorized by the department.