

Virginia Alcohol Safety Action Program  
vasap.virginia.gov

**Ignition Interlock Consent to Install Form**

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Client Name:

Vehicle Make:  Vehicle Model:

Vehicle Year:  Vehicle Color:

Vehicle License Plate #:

VIN Number:

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I, the undersigned, being the registered owner of the vehicle(s) described above, or (in the case of a company-owned vehicle) the person so authorized, hereby give my consent to have an ignition interlock system installed by \_\_\_\_\_'s (Client Name) independently chosen ignition interlock vendor \_\_\_\_\_ (Interlock Service Provider Name).

I understand the purpose of the ignition interlock device and the conditions under which it is being installed in my vehicle and agree to abide by the requirements of the ignition interlock vendor contract. In the event that the client referenced above leaves the ignition interlock program, I, the registered owner, agree to bring the vehicle(s) identified above to an interlock service center within five days for removal of the device.

In the event of vehicle repossession, theft, or any other reason that may lead to permanent loss of the ignition interlock device, I agree to contact the interlock service provider and my ASAP case manager immediately in order to start the retrieval process.

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(Printed Name of Person Providing Permission)

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(Signature of Person Providing Permission) (Date)

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(Notary Signature) (Date)