

**Monitech, Inc.**

**Permission of Ignition Interlock Installation by Registered Vehicle Owner**

I duly certify this letter as official authorization and acceptance of the installation of an ignition interlock alcohol breath analyzer system on the below-described vehicle and that said vehicle is currently registered in my name or the company for which I am the official representative.

As the owner and/or company officer responsible for the below-described vehicle, I hereby understand and accept all requirements, restrictions, policies and procedures pertaining to the vehicle and its operation as set forth by the North Carolina Division of Motor Vehicles and the Ignition Interlock Service Provider. For the duration of the interlock installation, \_\_\_\_\_ shall be the primary operator of the below-described vehicle.

I reserve the right to require removal of the ignition interlock system by the interlock service provider at any time upon reasonable notification, or reasonable effort to notify, the below-named ignition interlock participant. Such notification shall not be necessary should the below-named participant be found in violation of his/her restricted driving privileges or other requirements, restrictions, policies and procedures as set forth by the North Carolina Division of Motor Vehicles and/or the Ignition Interlock Service Provider. The interlock provider shall be required to remove the interlock system by appointment and free of charge within three business days upon presentation of the vehicle by owner at the Monitech designated service center.

In lieu of returning the vehicle to an ignition interlock service center, I reserve the option to have the interlock system removed by Monitech service personnel or other Monitech-approved technician at vehicle location. Any reasonable service charges for on-site removal shall be paid by me to the service provider at the time of removal.

I understand and accept responsibility for making the interlock-equipped vehicle available to the ignition interlock service provider for unit removal should the below-named ignition interlock participant fail to return the vehicle for prescribed service and/or removal due to loss of his/her driving privilege. I shall not be responsible for any costs of removal of the system in such a circumstance.

Under no circumstance shall I be responsible for lease fees as accrued by the below-named interlock participant so long as vehicle is returned and/or made available to service provider for interlock removal on a timely basis.

VIN #: \_\_\_\_\_ Lic. Tag #: \_\_\_\_\_ County of Reg: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Owner (company name if applicable): \_\_\_\_\_

Owner's Signature (representative if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Interlock User's Name (please print): \_\_\_\_\_

Interlock User's Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_