



STATE OF WASHINGTON
DEPARTMENT OF LICENSING
2000 4th Ave - Olympia, Washington 98501-0001

jhr

[Redacted Name]

RE

License #: [Redacted]

Height: [Redacted]

Weight: [Redacted]

Eye Color: [Redacted]

IGNITION INTERLOCK LICENSE

Pursuant to RCW 46.20.385, I, [Redacted] have been granted the opportunity to drive from [Redacted] 2009 until [Redacted] 2011 with the following conditions:

I agree to:

- Only drive vehicles equipped with a functioning ignition interlock device:
 - If the vehicle is owned by my employer and does not have an interlock device, I will carry a declaration from them, authorizing me to operate the vehicle during working hours as a requirement of my job.
- Only drive vehicles for which I have valid proof of financial responsibility.
- Not drive any vehicle which requires a Commercial Drivers License (CDL) to operate.
- Pay an additional \$20 per month, if I have not been declared indigent, for the Ignition Interlock Device revolving account. This money will be collected by the company providing my ignition interlock device.

This Washington Driver's License may not be accepted to drive in other states, territories or provinces. If you drive outside of Washington, you should contact the authority in that jurisdiction to confirm whether or not this license is acceptable for driving in their state, territory, and/or province.

I understand that if I violate any of the above conditions or commit any offense that requires a driver's license suspension it will result in immediate cancellation of this license.

This is your license. Please sign, date and carry it when you are driving.

[Redacted Signature]

Driver's Signature

[Redacted Date]

Date Signed



The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 502-5388 or TTY (360) 664-0116.

SAMPLE
only