

# Virginia Alcohol Safety Action Program

## TREDS Ignition Interlock Enrollment Form

I request to enroll in the Virginia Alcohol Safety Action Program for the purpose of satisfying an ignition interlock requirement. I agree that all information that I enter on this document is accurate to the best of my knowledge. I also agree to all terms and conditions within this document and the ASAP Ignition Interlock Agreement form.

### Identification Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_

City or County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ / \_\_\_\_\_

### Referral Information

Interlock Vendor Name: \_\_\_\_\_ <sup>1</sup>Offense Type: \_\_\_\_\_ Offense Date: \_\_\_\_\_

Court Name: \_\_\_\_\_ Conviction Date: \_\_\_\_\_

DC 266 Ignition Interlock Order Effective Date: \_\_\_\_\_

<sup>2</sup>Alcohol Determination Method: \_\_\_\_\_ BAC Value: \_\_\_\_\_

Please circle "Reason for Stop" as: accident, checkpoint, citizen alert, disabled vehicle/welfare check, domestic disturbance, erratic driving, equipment violation, expired inspection/registration, failure to obey highway sign, no headlights, speeding, texting, or other offense or situation.

<sup>1</sup>Please enter 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> DUI

<sup>2</sup>Please enter either blood, breath, refusal, or DUID (driving under the influence of drugs)

### Vehicle Information

VIN: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Tag: \_\_\_\_\_ Hybrid: Yes/No Push Start: Yes/No

VIN: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Tag: \_\_\_\_\_ Hybrid: Yes/No Push Start: Yes/No

If someone else is the registered owner of the vehicle(s) listed above, the owner is required to complete and sign the "Ignition Interlock Consent to Install Form". If the owner will not be present at the interlock installation appointment, the form must be notarized. Failure of the owner to be present at installation, or have the document notarized, will result in a re-schedule of the interlock installation appointment by the interlock service provider. If you are not the registered owner of the vehicle(s) listed above, please complete the following:

Owner's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_