

**The Commission on VASAP**



701 E. Franklin St.  
 Richmond, VA 23219  
 (804) 786-5895

**Your Doorway to Safe & Sober Driving**

**ASAP Pre-Enrollment and Ignition Interlock Pre-Qualification Form**

CATEGORY	REQUIRED INFORMATION	OWNER	OWNER'S NAME
Full Name			
Address <sup>1</sup>			
Phone Number(s)			
Driver's License Number			
Date of Birth			
Pending Court Date			
City or County of Offense			
Indicate Your Selected Interlock Service Provider <sup>2</sup>			
Vehicle #1			
VIN			
Make, Model, Year			
Vehicle #2 <sup>3</sup>			
VIN			
Make, Model, Year			
Vehicle #3 <sup>3</sup>			
VIN			
Make, Model, Year			

1. You are required to enroll at the ASAP that services the jurisdiction of your offense. Transfer provisions are available for those that qualify.
2. During enrollment, you will be given information on all four state-approved ignition interlock vendors. Please list the vendor of your choice in the field provided.
3. If your offense results in a DUI 1<sup>st</sup> conviction, you are required, by law, to have an ignition interlock device installed on any motor vehicle in which you operate. If your offense results in a 2<sup>nd</sup> or subsequent DUI conviction, you are required, by law, to install an ignition interlock device on all motor vehicles owned or registered to you, in whole or in part. If you own the vehicle, please place an "X" in the column titled "OWNER". If you do not own the vehicle, please list the registered owner's name in the column titled "OWNER'S NAME".

**You are responsible for bringing a completed copy of this form along with a copy of your arrest warrant, vehicle registration, and required ASAP fees. It is important to note that it is your responsibility to notify ASAP and the interlock service provider as soon as you become aware of a change in court date. Failure to provide notification of a change in court date may result in you being charged a missed appointment fee by the interlock service provider and may delay your ignition interlock installation.**

**If you have questions regarding the completion of this form or the ASAP requirements, please contact your local ASAP office. A list of ASAP locations can be found on the VASAP web-site at [vasap.virginia.gov](http://vasap.virginia.gov).**

**By signing below I attest that all information provided is accurate to the best of my knowledge. I also understand that it is my responsibility to notify my assigned ASAP and interlock service provider as soon as I become aware of any change to my originally scheduled court date.**

\_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Date)