

Notification of Modification of a NYSDOH Certified Ignition Interlock Device

Manufacturer

Name _____

Address _____

Contact

Name _____

Email _____

Phone _____ Fax _____

Device

Name _____

Model Number _____

Description
of Modification Describe the modification in sufficient detail to allow an independent assessment of whether laboratory testing is needed to validate ongoing compliance with Part 59 requirements.

Status of Verification Studies

- Yes No Did the ignition interlock device manufacturer verify or otherwise establish that the modification(s) to the device did not or would not alter the performance assessment outcomes as listed in the initial certification testing laboratory report?
- If No... Describe how the manufacturer established that the modification(s) did not or would not alter ongoing compliance with 10 NYCRR Part 59 and NHTSA performance specifications.
- If Yes... Did the interlock manufacturer use a testing laboratory to verify that the interlock device meets or exceeds the model specifications for breath alcohol ignition interlock devices adopted by NHTSA?
- Yes Instruct the testing laboratory to provide directly to the department a detailed report of test data and findings.
- No Provide a report that establishes ongoing compliance with 10 NYCRR Part 59 and NHTSA performance specifications.

I certify that the information provided in this application is true and accurate, and that the modified interlock device will not be used in New York State until a decision is rendered by the Department of Health on its suitability for use..

Signed by _____ Title _____

Attach proof of appropriate liability insurance (see 10 NYCRR Part 59.10(a)(5)) and a statement from the insurance carrier that the Department will be notified within 30 days prior to cancellation. Return this application and all accompanying documents to:

Ignition Interlock Certification Program
Attn: Richard W. Jenny, Ph.D.
New York State Department of Health
Wadsworth Center
P.O. Box 509
Albany, New York 12201-0509