



# Notification of Modification of a NYSDOH-Certified Ignition Interlock Device

### Manufacturer

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

### Contact

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

### Device

Name \_\_\_\_\_ Model # \_\_\_\_\_

Modification involves: hardware  software (version) \_\_\_\_\_ firmware (version) \_\_\_\_\_

Does the modification affect anti-circumvention, anti-tampering or analytical features? Yes No

Does the modification alter compliance with 10 NYCRR Part 59 and NHTSA model specifications? Yes No

If "yes" was marked for either of the two questions above, instruct testing laboratory to provide results of testing performed to verify ongoing compliance with 10 NYCRR part 59 and NHTSA model specifications.

If "no" was marked for either of the two questions above, describe how ongoing compliance with 10 NYCRR part 59 and NHTSA model specifications was established, i.e. the validation/verification process and outcome.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Describe the Modification

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Attestation (to be added upon completion of form)

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 \_\_\_\_\_

### Insurance

Attach proof of appropriate liability insurance 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 [lisa.biega@health.ny.gov](mailto:lisa.biega@health.ny.gov) or:

- |                     |   |                   |  |
|---------------------|---|-------------------|--|
| UPS, FedEx, Courier | Ignition Interlock Certification Program<br>Attn: Derek Symula, Ph.D.<br>Biggs Laboratory Wadsworth Center<br>NYS Department of Health<br>Dock J - P1 Level<br>Empire State Plaza<br>Albany, New York 12237 | US Postal Service | Ignition Interlock Certification Program<br>Attn: Derek Symula, Ph.D.<br>Biggs Laboratory Wadsworth Center<br>NYS Department of Health<br>Empire State Plaza<br>Albany, New York 12237 |
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Notify Division of Criminal Justice Services Office of Probation and Correction Alternatives of all proposed modifications.