

Application for the Initial Certification of Ignition Interlock Devices

Manufacturer

Name _____

Address _____

Contact

Name _____

Email _____

Phone _____ Fax _____

Device

Name _____

Model Number _____

Description Provide instructions for its operation; technical specifications, including, but not limited to: type of alcohol sensor and specificity; accuracy; calibration stability; operation capabilities in a range of environmental conditions; capability for rolling retest, circumvention prevention and tamper detection, data collection and recording; and data security.

Attach product brochures and manuals as necessary.

Checklist of Required Practices for Initial and Ongoing Device Certification (See Sections 59.10, 59.11 and 59.12 of 10 NYCRR)

- ☐ Submit this Application for the Initial Certification of Ignition Interlock Devices
- ☐ Provide the testing laboratory with six representative instruments of each ignition interlock device model for which certification is sought, from which the testing laboratory shall select at least two for testing
- ☐ Demonstrate, through arrangements with a testing laboratory with credentials listed in 59.1(i), that the model meets or exceeds the model specifications for breath alcohol ignition interlock devices adopted by NHTSA and published in the Federal Register on April 7, 1992 when the interlock is calibrated to a set point of 0.025% BAC
- ☐ Instruct the testing laboratory to provide directly to the department a detailed report of test data and findings of the ignition interlock device's performance on each standard; the report must include information listed in 59.11(c)
- ☐ Certify that ignition interlock devices installed in vehicles will be uniquely serial-numbered
- ☐ Establish policy and procedures to report modifications to a model of a device, without regard to the manufacturer's assigning a new model number, to the department as required in section 59.12 of 10 NYCRR; No manufacturer who makes an operational modification to a model of an ignition interlock device that has been certified pursuant to this Part shall release the modified device for use pursuant to Vehicle and Traffic Law Section 1198 without having obtained the express approval of the department

I certify that the information provided in this application is true and accurate and that all devices sold or offered for sale of the same make and model, for which certification is sought, meet the requirements for certification set forth in New York State certification specifications, Sections 59.10, 59.11 and 59.12 of 10 NYCRR.

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: Michael Ryan, Ph.D.
New York State Department of Health
Wadsworth Center
P.O. Box 509
Albany, New York 12201-0509