

**KANSAS IGNITION INTERLOCK  
INSTALLATION / REMOVAL VERIFICATION**

06/2007

**NOTE TO DRIVER:**

Present this form to the Service Provider or Regional Representative of your choice at the time of installation or removal of any device.

**NOTE TO SERVICE PROVIDER:**

Complete this form upon installation or removal of any device and fax to Driver Control Bureau at (785) 296-6851.

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Name	Date of Birth	
<hr/>		
Address	City	State
Zip		
<hr/>		
Driver License Number	Driver's License State	

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**INSTALLATION**

**REMOVAL**

Date of Installation: \_\_\_\_\_  
Approved Kansas Service Provider: \_\_\_\_\_  
Model No: \_\_\_\_\_  
Provider Phone No: \_\_\_\_\_  
Signature of Provider: \_\_\_\_\_

Date of Removal: \_\_\_\_\_  
Approved Kansas Service Provider: \_\_\_\_\_  
Model No: \_\_\_\_\_  
Provider Phone No: \_\_\_\_\_  
Signature of Provider: \_\_\_\_\_

Date of Installation: \_\_\_\_\_  
Approved Kansas Service Provider: \_\_\_\_\_  
Model No: \_\_\_\_\_  
Provider Phone No: \_\_\_\_\_  
Signature of Provider: \_\_\_\_\_

Date of Removal: \_\_\_\_\_  
Approved Kansas Service Provider: \_\_\_\_\_  
Model No: \_\_\_\_\_  
Provider Phone No: \_\_\_\_\_  
Signature of Provider: \_\_\_\_\_

Date of Installation: \_\_\_\_\_  
Approved Kansas Service Provider: \_\_\_\_\_  
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Signature of Provider: \_\_\_\_\_

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Approved Kansas Service Provider: \_\_\_\_\_  
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Provider Phone No: \_\_\_\_\_  
Signature of Provider: \_\_\_\_\_

Date of Installation: \_\_\_\_\_  
Approved Kansas Service Provider: \_\_\_\_\_  
Model No: \_\_\_\_\_  
Provider Phone No: \_\_\_\_\_  
Signature of Provider: \_\_\_\_\_

Date of Removal: \_\_\_\_\_  
Approved Kansas Service Provider: \_\_\_\_\_  
Model No: \_\_\_\_\_  
Provider Phone No: \_\_\_\_\_  
Signature of Provider: \_\_\_\_\_