

Without any IID Violations you are eligible for removal on: _____

BROOME COUNTY IGNITION INTERLOCK DEVICE PROGRAM REQUEST FOR IID DE-INSTALLATION / RESTRICTION REMOVAL

Note: This form is only a REQUEST for removal. It does not grant authorization to remove the IID or the license restriction. Please return this form within two weeks of your eligibility date. Defendants who have not installed an IID will have the interlock restriction on their license for the duration of their Conditional Discharge.

Date of Request: _____ Name of Requestor: _____

Name of Defendant: _____ Date of Birth: _____

Driver's License #: _____ Phone Number: _____

Mailing Address: _____

Sentencing Court: _____ Sentencing Judge: _____

Date of Sentence: _____ Any IID or CD Violations? _____

IID Installed on Vehicle (Y or N)? _____ If Yes, Date of Installation: _____

IID Vendor: Intoxalock _____ Draeger _____ SmartStart _____ LifeSafer _____

Are you requesting a De-Installation of Device Notice (Y or N)? _____

Are you requesting a NYS DMV Removal of Restriction Notice (Y or N)? _____

If you are requesting an IID be removed from a vehicle, please provide the vehicle identification information below. If you do not have an IID, do not fill this section out.

Vehicle #1

Owner: _____
Vehicle Make: _____
Model: _____
Year: _____
Color: _____
V.I.N.: _____
Plate Number: _____

Send completed requests to the Broome County STOP-DWI Program at any of the options below:

Mailing Address:

Broome County STOP-DWI Program
PO Box 1766
Binghamton, NY 13902

Email:

bcstopdwi@co.broome.ny.us

Fax:

607-778-2908