



TRAFFIC SAFETY DIVISION APPLICATION FOR
IGNITION INTERLOCK SERVICE TECHNICIAN
ORIGINAL CERTIFICATE

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Before you begin working on this application, please review the rules regarding the Ignition Interlock Program (NMAC 18.20.11), which can be found on the Traffic Safety Center (TSC) website (<https://nmtsc.unm.edu>) under the Ignition Interlock tab. Please print out a copy of these rules and keep it handy for future reference. You will need it.

PLEASE:

- complete this application entirely by typing, *or* printing legibly in black ink
- read and follow the instructions in each section before completing them**
- provide all information requested
- include copies of all the required documents
- carefully read and initial by hand each Sworn Statement
- sign and date the application
- make a copy of the completed application and required documents for your records
- mail the **ORIGINAL** application to:

UNM Traffic Safety Center
MSC07 4030, 1 University of New Mexico
Albuquerque, NM 87131-0001

If you have any questions concerning this application, the forms or any of the requirements please contact:

- Jason Broadwell by email: tsciiiprogram@unm.edu or by telephone 505.546.9985.

For information related to the Ignition Interlock Indigent Fund, please contact:

- Venus Howley at: venus.howley@dot.nm.gov or by telephone at 505.795.4489.

WHAT HAPPENS ONCE YOU SUBMIT THIS APPLICATION

The TSC; on behalf of the Traffic Safety Division (TSD) will review your application within 15 days to determine if it is complete. Applications will be reviewed in the order in which they are received. ***Applications will not be considered complete until the TSC receives all required documents, including the MVD and DPS reports.***

If the application is ***not*** complete, TSC will contact you regarding the missing information or documents, including complete and accurate references. If TSC does not receive the missing information or documents within 30 days of the date of the email notification, your application will be voided. You may resubmit a complete original application at any time.

In reviewing applications for certification, TSC / TSD shall consider whether:

- (1) the information provided by the applicant is accurate and valid;
- (2) the character and employment references provided by the applicant report favorably on the applicant's experience;
- (3) the applicant is at least 18 years of age;
- (4) the applicant holds a valid driver's license;
- (5) the applicant has a clean driving record.
- (6) the applicant has not been convicted of:
 - (a) a crime involving moral turpitude;
 - (b) any alcohol or drug-related offense within the last 3 years;
 - (c) 2 or more alcohol or drug-related offenses in the last 5 years;
 - (d) probation violation;
 - (e) perjury, forgery, or sworn falsification; or
 - (f) any crime substantially related to the qualifications, functions, and duties required to install or remove devices
- (7) the applicant has not had a driver's license or professional certification suspended, revoked or denied for violation of a motor vehicle safety equipment law.
- (8) the applicant has not been sanctioned in any jurisdiction for circumventing or tampering with an ignition interlock device.

If TSD does not approve your application, you will receive a letter stating the reasons why it was not approved. If the reasons can be resolved, you may resubmit your application.

NO PERSON MAY INSTALL, SERVICE, OR REMOVE IGNITION INTERLOCK DEVICES UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING AN IGNITION INTERLOCK INSTALLER CERTIFICATE.

PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.

APPLICATION FOR ORIGINAL SERVICE TECHNICIAN CERTIFICATE

Section 1 – Technician Information.

Service Technician Name (as you would like it to appear on certificate)			
Service Technician Mailing Address	City	State	Zip Code
Service Technician Telephone Number			
Service Technician Date of Birth		Social Security #	
Name of Service Center Where Employed			
Address of Service Center Where Employed	City	State	Zip Code
Name of Service Center Owner/Operator			
Service Center Telephone Number			
Service Center E-mail Address			

Section 2 – References. Please provide three (3) character and employment references who can speak about your auto / administrative experience. **Family members may NOT be used as references.**

1	Name		
	Street Address, City, State, Zip Code		
	Telephone Number and Email		
	Relationship		
2	Name		
	Street Address, City, State, Zip Code		
	Telephone Number and Email		
	Relationship		
3	Name		
	Street Address, City, State, Zip Code		
	Telephone Number and Email		
	Relationship		

Section 3 – Required Documents.

Please submit the following documents with your application:

- A copy of your *limited* driving history *for any and all states in which you resided in the last five years*, dated no earlier than 60 days before the date the application is filed.
For NM only, complete the ‘Request for MVD Limited Driving History’ form and attach to your application and TSD will obtain your driving history for New Mexico.
- A certified copy of your state criminal background check, *for any and all states in which you were an adult resident*, dated no earlier than 60 days before the date the application is filed. You may submit a copy of the Authorization for Release of Information by DPS form for the State of New Mexico. ***This form must be notarized and accompanied by a check for \$15.00 made payable to the Department of Public Safety.*** (If you have submitted a DPS report or request form with a service center license application, you do not need to submit it with this application).
- A copy of your resume or curriculum vitae.
- A copy of a certificate of satisfactory completion of the manufacturer’s service technician training program.

All forms can be found on TSC Website <https://nmtsc.unm.edu> under Ignition Interlock: Providers

Section 4 – Sworn Statements.

By my handwritten initials beside each statement, I, _____, certify that:

_____ I have received a copy of, have read, understand and agree to comply with the requirements of, 18.20.11 NMAC, Ignition Interlock Devices, the rule adopted by the TSD regarding the ignition interlock program as well as the TSD administrative policies and procedures;

_____ I will impose the same fees on all drivers for installing, servicing, leasing and removing ignition interlock devices, but shall collect from the indigent drivers only the amount not reimbursed by TSD. The service center shall reimburse the division for any overpayments obtained from the division in violation of this section.

_____ I understand that failure to comply with the requirements of the rule; any false statement; omission of application or business operation shall be grounds for denial; suspension or revocation of any license issued to me by the TSD.

_____ I have never had my professional certification suspended, revoked, or denied for any reason. (If you have had your professional certification suspended, revoked, or denied, please provide detailed information regarding the jurisdiction, the year, and the circumstances).

_____ I have not been sanctioned in any jurisdiction for circumventing or tampering with an ignition interlock device. (If you have been so sanctioned, please provide detailed information regarding the jurisdiction, the year, and the circumstances).

_____ I am in compliance with the Parental Responsibility Act, NMSA 1978, Section 40-5A-1 et seq. regarding paternity or child support proceedings and understand that failure to comply with this Act will result in denial of my application or revocation or suspension of my license.

_____ I will not service any ignition interlock device in New Mexico until I have received a certificate as an Ignition Interlock Service Technician from the Traffic Safety Bureau.

_____ I am in compliance and will continue to be in compliance with all relevant and applicable New Mexico and Federal laws

Section 6 – Signature and Date.

By my signature below, I certify, under penalty of perjury, that the information given in this application and all accompanying documents is true to the best of my knowledge and ability.

Applicant's signature _____
Date

Please note that TSD requires an original application for processing. Copies will not be accepted.

1st Review: _____ Final Review by _____ Date _____
Approved _____ Denied _____ Reviewer's Comments:

TO BE COMPLETED BY TSC			
Manufacturer	Model or class of device	Name of trainer	Date