



## **TRAFFIC SAFETY DIVISION APPLICATION FOR IGNITION INTERLOCK MANUFACTURER RENEWAL AGREEMENT**

### **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 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: [tscilprograms@unm.edu](mailto:tscilprograms@unm.edu) / 505.546.9985.

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

- ☐ Nicole Mancha: [nicole.mancha@dot.nm.gov](mailto:nicole.mancha@dot.nm.gov)

## **WHAT HAPPENS ONCE YOU SUBMIT THIS APPLICATION:**

The University of New Mexico Traffic Safety Center – Licensing Section (TSC) on behalf of the New Mexico Department of Transportation - 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 TSC receives all required documents.**

***If the application is not complete, the TSC will email you regarding the missing information or documents. If the TSC does not receive the missing information or documents within 30 days of the date of the email, your application will be returned to you. You may resubmit a complete application at any time.***

If the 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.

If the TSD approves your application, you will be issued your Ignition Interlock Manufacturer Certificate on behalf of the Traffic Safety Division.

**NO PERSON MAY CONTINUE TO MAKE IGNITION INTERLOCK DEVICES AVAILABLE IN NEW MEXICO AFTER JUNE 30th OF THIS YEAR UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING AN IGNITION INTERLOCK MANUFACTURER'S CERTIFICATE FOR THE FISCAL YEAR COMMENCING JULY 1st.**

***PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.***

## APPLICATION FOR MANUFACTURER RENEWAL AGREEMENT

### Section 1 – Manufacturer Information.

Manufacturer Name	
Manufacturer Physical Address	
Manufacturer Mailing Address (if different from physical address)	
Manufacturer Toll-Free Telephone Number	
Manufacturer Fax Number	
Web Address (if applicable)	
Name and Title of Contact Person 1	
Telephone Number of Contact Person 1	
E-mail Address of Contact Person 1	
Name and Title of Contact Person 2	
Telephone Number of Contact Person 2	
E-mail Address of Contact Person 2	
NM Representative Name and Title (if different from above contacts)	
Telephone Number	
E-Mail Address of NM Representative	

## Section 2 – Ignition Interlock Device Information

	Device 1	Device 2	Device 3
Model or class of device being used in New Mexico			
Number of devices currently installed in New Mexico			

## Section 3 – States where device has been approved for use since being approved

**In NM** (Please complete this information in TABLE 1)

## Section 4 – States in which device is no longer being used

(Please complete this information in TABLE 2)

## Section 5 – Territory

We are currently operating in the following territory.

- ☐ New Mexico State Highway District 1
- ☐ New Mexico State Highway District 2
- ☐ New Mexico State Highway District 4
- ☐ New Mexico State Highway District 6
- ☐ New Mexico State Highway Districts 3 and 4
- ☐ New Mexico State Highway Districts 5 and 6
- ☐ Statewide

## Section 6 – Location of Service Centers

(Please complete this information in TABLE 3)

Please provide the requested information for each fixed site service center you currently operate in New Mexico. Please note that service centers must be within 100 miles, or two hours driving time, whichever is less, of any sentenced driver's place of residence or employment in the territory in which you propose to operate.

## Section 7 – Certified Installer Instructors in New Mexico

Please provide any Installer/Instructors that are housed in NM. Please provide manufacturer training certificate for each Installer/Instructor.

NAME	DEVICE(s)	TRAINING DATE

## Section 8 – Required Documents.

Please submit the following documents with your application:

- ☐ Proof of product liability insurance written on an occurrence form covering defects in product design, materials, and manufacturing of ignition interlock devices. The insurance must be issued or delivered by a company licensed to do business in, or placed in accordance with the surplus lines laws of, the state in which the insured's principal place of business is located. The policy shall have a minimum liability limit of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate. The products liability coverage must either be issued as a separate policy or the \$3 million aggregate limit must apply separately to the products liability coverage. **The proof of insurance shall include a statement from the insurance company that it will notify the TSC – Licensing Section thirty (30) days before canceling the insurance.**
- ☐ A surety bond that meets the requirements of paragraph 18.20.11.8D (2) of the rule.
- ☐ Copy of interlock device settings that meet the requirements of sections 18.20.11.10-12.
- ☐ A copy of the independent laboratory report on the testing of each device for any modifications which you seek approval.
- ☐ A detailed description of the calibration/monitoring unit to be used by Service Centers, how data will be collected and stored

## Section 9 - Sworn Statements

By my initials beside each statement, I, \_\_\_\_\_, certify on behalf of the manufacturer 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 understand that failure to comply with the requirements of the rule shall be grounds for suspension or revocation of any license issued to me by the Traffic Safety Division.

\_\_\_\_\_ I shall indemnify and hold harmless the state of New Mexico, the Division and its officers, employees and agents from all claims, demands and actions resulting from damage, death, or injury to persons or property which may arise, directly or indirectly, out of any act or omission by me or any installer working for me relating to the installation, servicing, or removal of an ignition interlock device.

\_\_\_\_\_ I will provide expert or other required testimony in civil or criminal proceedings regarding the installation, servicing, and removal of ignition interlock devices or the interpretation of recorded data;

\_\_\_\_\_ I will reimburse the division for any costs incurred if the service center operator requests the division to provide testimony in a civil or criminal proceeding involving the installation, servicing, and removal of an ignition interlock device;

\_\_\_\_\_ Each of the manufacturer's service center operators is a representative of the manufacturer for the purpose of accepting service of process and that service of process on one of the manufacturer's service center operators shall constitute service of process on the manufacturer.

\_\_\_\_\_ I understand that as the manufacturer, we accept responsibilities of Service Centers which includes:

- ensuring Owner/Operators, Installers and Service Technicians are dully trained,
- ensuring they understand all the requirements of 18.20.11 NMAC,
- actively supporting the Service Center
- ensuring the New Mexico Representative is available and understands all the requirements of 18.20.11 NMAC and TSD administrative policies and procedures including:
  - Visible posting of hours of operation
  - Visible posting of fees
  - Visible posting of IIL license and certificates
  - Indigent fund poster/information

\_\_\_\_\_ **I have not made any modification in design or operational concept of a device approved for use in New Mexico that materially affects the way the device measures alcohol or records data without the prior written approval of the division.** (Modification does not include repair or replacement of parts to maintain the device in working order or software changes that do not modify the functionality of the device).

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

\_\_\_\_\_ I will provide a manufacturers report to TSD and the service centers prior to submission of claims for reimbursement from the Indigent Fund. Claims will be submitted on a monthly basis.

\_\_\_\_\_ If I have not received my renewal manufacturer's agreement by July 1st, I will cease to operate in New Mexico until I have received a renewal manufacturer's agreement from the TSD.

## Section 10 – 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.

Printed name of officer authorized to bind the manufacturer	
Title of officer authorized to bind the manufacturer	

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Please note that TSD requires an original application for processing. Copies will not be accepted. Please make a copy of this application for your records and submit an original.

\_\_\_\_\_  
1<sup>st</sup> Review: \_\_\_\_\_ Final Review by \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reviewer's Comments: