



TRAFFIC SAFETY DIVISION APPLICATION FOR
IGNITION INTERLOCK SERVICE CENTER
ORIGINAL
LICENSE

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 UNM Traffic Safety Center (TSC) website (<https://nmtsc.unm.edu>) under the Ignition Interlock tab. We recommend that you print and retain a copy of these rules for referencing.

Consider the following requirements:

- complete this application entirely by typing, *or* printing legibly in black ink.
[TSC WILL NOT REVIEW THE APPLICATION IF ANY COMPONENT OR DOCUMENT IS CONSIDERED TO BE ILLEGIBLE]
- read and follow the instructions in each section before proceeding to the next section.
- provide all information and documents required.
- 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: tsciiprogram@unm.edu or by telephone at 505.546.9985.

For information related to the Ignition Interlock Indigent Fund, please contact Venus Howley by email: venushowley@dot.nm.gov or by telephone at 505.795.4489.

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 conduct an initial review your application 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 information or documents. If the application is not complete, TSC will contact you regarding the missing information or documents. This includes complete and accurate references. TSC will not proceed review of the application until all missing information or documents are received, including that your file will be closed and voided after 30 days of the date of the email notification.

In reviewing applications for service center licenses, TSC 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 character or employment experience;
- (3) the applicant is at least 18 years of age;
- (4) the applicant has not been sanctioned in any jurisdiction for circumventing or tampering with an ignition interlock device.
- (5) the applicant holds a valid driver's license; with a clean driving record
- (6) the applicant has not been convicted of: (a) a crime involving moral turpitude;
- (7) no alcohol or drug-related offense within the last 3 years; or 2 or more alcohol or drug-related offenses in the last 5 years;
- (8) no probation violations;
- (9) no record of perjury, forgery, or sworn falsification; or
- (10) 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.

Upon completion of this initial review of the application, TSC will confer with TSD for final approval/denial determination.

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 conditionally approves your application, you will be notified to submit:

- proof of liability insurance written on an Insurance Accord form by an insurance company licensed to do business in New Mexico covering injury, death or property damage resulting from the installation, servicing, or removal of ignition interlock devices in an aggregate amount of not less than one million dollars (\$1,000,000). *The proof of insurance must include a statement (rom the insurance company that the Traffic Safety Division- Licensing Section shall be notified thirty (30) days before cancellation ofthe insurance policy.*

NOTE: As a component of the Service Center Original application, TSC may either conduct a pre-licensure inspection of the proposed Service Center, or conduct a telephone interview with the prospective service center operator to gauge their understanding of the ignition interlock license commitment, administrative requirements and relationship with the device manufacturer. The application will not be forwarded to TSD until the either the inspection or interview are completed.

NO PERSON MAY OPERATE AN IGNITION INTERLOCK SERVICE CENTER UNLESS AND UNTIL THE TRAFFIC SAFETY DIVISION HAS GRANTED WRITTEN APPROVAL BY ISSUING AN IGNITION INTERLOCK SERVICE CENTER LICENSE.

APPLICATION FOR SERVICE CENTER ORIGINAL LICENSE

Section 1 – Service Center Information.

Service Center Name (as it appears on business license)	
Service Center Physical Address (include city, state, and zip code)	
Service Center Mailing Address (if different from physical address)	
24 Hour Toll-Free Telephone Number	
Local Telephone Number	
Fax Number	
E-Mail Address for TSD USE	
E-Mail Address for the public	
Web Address (if applicable)	
Days and Hours of Operation <i>(May not be changed without prior authorization)</i>	
Name of Service Center Owner/Operator	
DOB and SSN of Service Center Operator	DOB: SSN:
I am also filling a separate application for:	Installer <input type="checkbox"/> Service Technician <input type="checkbox"/>

Section 2 – References. Provide three (3) character/employment references who can speak about your auto mechanic/management experience. Family members OR employees may NOT be used as references.

[TSC WILL NOT REVIEW THE APPLICATION IF ANY COMPONENT OR DOCUMENT IS CONSIDERED TO BE ILLEGIBLE]

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- Ignition Interlock Devices to be used in New Mexico.

DEVICES	Device 1	Device 2	Device 3
Manufacturer of device:			
Model or class of device			
Type of reference sample used to calibrate device			

Section 4 -Installers or Service Technicians Working at this Site.

Installer/Instructor (if applicable)	Installers	Service Technicians

Section 5- Mobile Service- If applicable, this is a list of all cities in New Mexico you propose to service by Mobile Unit.

City	City

**** Complete Supplement 1, that includes a description on:**

- what services will be provided;
- how the service will be staffed;
- address/location of the mobile site;
- designated days and times.

Section 6- Required Documents.

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.

Section 6- Required Documents (continued)

- 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.*
- A copy of Business License issued by the jurisdiction in which the proposed service center is located;
- A copy of the business New Mexico gross receipts tax registration form;
- A copy of your resume or curriculum vitae;
- A schedule of fees that meets the requirements of 18.20.11.13B (8) NMAC (Fee Schedule should include: Effective date, Expiration date, Model of device (specific camera or non-camera), Installation of device, Monthly lease, Scheduled service visit, Violation service visit, Tampering or circumventing, Removal, Vehicle switch, and any other fees not covered within that a client will be charged)
- A copy of the lease agreement between the service center and the sentenced driver;
- A copy of the contract between the service center and the manufacturer;
- Photographs of the service center, including office area and garage bay where installations, servicing and calibrations are to be performed.

Section 7 - Sworn Statements.

By my handwritten initials beside each statement, I, d/b/a _____, certify that:

_____ I understand that as the service center operator I am the person responsible for complying with all the obligations and responsibilities under New Mexico statutes, regulations, policies and procedures;

_____ I understand that the service center license cannot be sold or transferred:

_____ 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; 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.

Section 7 - Sworn Statements. (continued)

- ____ 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;
- ____ I will not reveal any personal and medical information provided by drivers to any person other than the appropriate authorities or employees of the manufacturer or service center operator on an as- needed basis;
- ____ I will impose the same fees on all drivers for installing, servicing, leasing and removing ignition interlock devices, but shall collect from 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 will verify claims against the manufacturers report prior to submission for reimbursement from the Indigent Fund. Claims will be submitted on a monthly basis.
- ____ 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-SA-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 operate a service center in New Mexico until I have received a license from the TSD.
- ____ I am in compliance and will continue to be in compliance with all relevant and applicable New Mexico and Federal laws

Section 8 – 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.

TSC Review _____ Date _____ TSD Approve _____ Denied _____

Comments: _____

****Section 5- Mobile Service SUPPLEMENT 1- Use additional paper if needed**

A	B	C	D

A= City of Mobile Service

B= What services are provided-ex: Installs, Monthly Calibration

C= Operational days and hours

D= Staffing- Name and Position ex: Joe Smith/Installer