TRAFFIC SAFETY DIVISION APPLICATION FOR

IGNITION INTERLOCK SERVICE CENTER RENEWAL 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 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
- ❑ if the application is postmarked **on or after May 1st**, include a check for a late fee made payable to the **Traffic Safety Division** in the amount of $25.00
- ❑ Applications for renewal will **not** be accepted after May 31st, no extensions will be granted
- ❑ 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 by email: tsciilprograms@unm.edu or by telephone at 505.546.9985

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

- ❑ Nicole Mancha at: nicole.mancha@dot.nm.gov

WHAT HAPPENS ONCE YOU SUBMIT THIS APPLICATION

The Traffic Safety Center (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. 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.

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.

NO PERSON MAY CONTINUE TO OPERATE AN IGNITION INTERLOCK SERVICE CENTER 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 SERVICE CENTER LICENSE FOR THE FISCAL YEAR COMMENCING JULY 1st.

PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.

APPLICATION FOR SERVICE CENTER LICENSE RENEWAL

Section 1 – Service Center Information

Service Center Name (as it appears on business license)	
Service Center Physical Address (include city, state, and zip code)	, NM
Service Center Mailing Address (if different from physical address)	, NM
24 Hour Toll-Free Telephone Number	
Local Telephone Number	
Fax Number	
E-Mail Address for TSD	
E-Mail Address for the public	
Web Address (if applicable)	
HOURS OF OPERATION	
Name of Service Center Owner/Operator	
Date of Birth of Service Center Operator	Social Security #
I am also filling a separate application for:	Installer ☐ Service Technician ☐ N/A ☐

Section 2 – Ignition Interlock Devices Being 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 3 –Installers and Service Technicians Working at or from this Site

Installer/Instructor (if applicable)	Installers	Service Technicians

Section 4 – Mobile Service. Please list all cities in New Mexico you propose to service by Mobile Unit. **Provide a plan on how you will: provide service to those areas; how the service will be staffed; where mobile site will be located, designated days and times and what services you will be providing**

City	City

Section 5 – 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.***

- ❑ 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 shall include a statement from the insurance company that the Traffic Safety Division– Licensing Section shall be notified thirty (30) days before cancellation of the insurance policy.***

- ❑ A copy of the Business License issued by the jurisdiction in which the Service Center is located;

- ❑ A copy of the business New Mexico gross receipts tax registration form;

- ❑ 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)

- ❑ Service center days and hours of operation with address and phone number;

- ❑ A current copy of the lease agreement between the service center and the sentenced driver;

- ❑ A current copy of the contract between the service center and the manufacturer.

All forms can be found at https://nmtsc.unm.edu under Ignition Interlock: Providers

Section 6 - 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;

_____ All statements sworn to in the original application are still in full force and effect.

- 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.
- 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;
- 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;
- 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 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 state that the contract on file between the Service Center and the Manufacturer remains in effect.

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

_____ 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 and 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 40-5A-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 operate a service center in New Mexico until I have received a license from the TSD.

_____I understand that any false statement and/or omission shall be grounds for suspension or revocation of any license or certificate issued to me by the TSD.

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

_____ I have an existing agreement in place between my service center and the IIL device manufacturer(s) for the 2026-2027 licensing year.

Section 7 – 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: