



Georgia Department of Driver Services  
2206 East View Parkway • Conyers, Georgia 30013 • 678.413.8745

Nathan Deal  
Governor

Bert Brantley  
Commissioner

**MEMORANDUM**

TO: Ignition Interlock Manufacturers and Providers  
FR: Kecia Bivins, Division Director of Regulatory Compliance  
DA: April 15, 2016  
RE: New Forms

The purpose of this memo is to inform you of two (2) important Department of Driver Services (DDS) forms that are being created. The existing Monitoring Reports furnished by Providers vary drastically in format and in terminology. The following new forms are being developed in an effort to eliminate confusion and to foster uniformity within the Ignition Interlock Program:

- **Comprehensive Ignition Interlock Monitoring Report (RC-IID-MON)**
- **Important Ignition Interlock Offender Information (RC-IID-500)**

The purpose of the **Comprehensive Ignition Interlock Monitoring Report** is to standardize the information that's submitted to the DDS for reinstatement purposes. Instead of the customer submitting a separate Monitoring Report for each month, they will only be required to submit one form that consolidates all monitoring /calibration dates. This standardized form will not only result in reduced customer wait times but will also eliminate discrepancies.

The purpose of the **Important Ignition Interlock Offender Information** is to inform the Offender of the laws and regulations pertaining to the Ignition Interlock Program.

Both of the new forms provide consistency and enhance customer service.

We value your feedback and encourage input from the industry. Please feel free to provide your comments and feedback **no later than Friday, April 29, 2016**. We can be reached by phone at 678-413-8746 or via e-mail at [reginfo@dds.ga.gov](mailto:reginfo@dds.ga.gov).

The Department's staff looks forward to assisting and answering any questions you may have. Thank you for helping to enhance the integrity of our regulated driver safety programs.



**GEORGIA DEPARTMENT OF DRIVER SERVICES**  
 Regulatory Compliance Division · 2206 Eastview Parkway · Conyers, GA 30013  
**Comprehensive Ignition Interlock Monitoring Report**

**PROVIDER INFORMATION**

Provider Name			
DDS Certification #	Email Address		
Physical Address	City	State	Zip Code
Phone #	Fax #		

**OFFENDER INFORMATION**

Name	Date of Birth	Driver's License #	
Physical Address	City	State	Zip Code
Phone #	Cell #	Email	

**VEHICLE INFORMATION**

Vehicle Year	Make	Model	Color
Vehicle Tag #	State	VIN	

**DEVICE INFORMATION**

Device Model #	Revision #	Serial #	Date Installed
Device Model #	Revision #	Serial #	Date Installed

**CALIBRATION SERVICE DATES**

Date	Calibration Reading	Monitoring Fee Paid	Date	Calibration Reading	Monitoring Fee Paid

**COMMENTS**

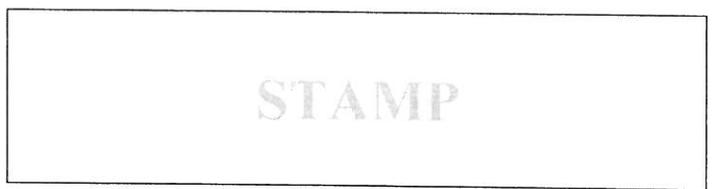
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Provider Representative	Signature	Date
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I certify that all of the information above is accurate and complete.



## IMPORTANT IGNITION INTERLOCK OFFENDER INFORMATION

Georgia law (O.C.G.A. §42-8-111) requires an Ignition Interlock Device (IID) for DUI offenders who have been convicted of 2 or more DUIs within a 5 year period. Individuals charged with or convicted of other offenses may also be required to complete an Ignition Interlock Program at the discretion of the court or as a condition of probation.

There are 3 fees for Georgia Ignition Interlock Program that are set in rule. Pursuant to DDS Rule 375-3-6, the fee for installation is up to \$75, monthly monitoring is a fee up to \$75, and removal is a fee up to \$75. Providers, however, may charge additional fees for services stipulated in contract with the offender (ie. mouth pieces, insurance, reset, etc.) If a financial burden exists, the offender may petition the sentencing court for a **Financial Hardship Waiver**. If the waiver is granted, the offender must undergo a **12 month hard suspension**, then the offender is eligible for a non-interlock limited driving permit for the balance of the 18 months.

Pursuant to HB407 ( effective 7/1/13), offenders must undergo a 120 day hard suspension during which time they should successfully complete DUI school and get a clinical evaluation. Offenders must submit to DDS a certificate of completion from a certified DUI Drug or Alcohol Use Risk Reduction Program and one of the following:

- Proof of enrollment in clinical treatment that will satisfy O.C.G.A. §40-5-63.1, **OR** Certificate of Treatment Completion for Habitual Violators that will satisfy O.C.G.A. §40-5-58.
- A certificate of eligibility for an Ignition Interlock Limited Driving Permit from a drug court program.

Offenders are then eligible for an Ignition Interlock Limited Driving Permit. The fee for the permit is \$25 and the term is 14 months. **The period of compliance with O.C.G.A. §42-8-111 does not begin until the Department of Driver Services has issued the Ignition Interlock Limited Driving Permit in accordance with O.C.G.A. §40-5-64 and the offender will not receive credit toward the period of compliance with O.C.G.A. §42-8-111 for any time the ignition interlock device was installed on the vehicle prior to such date.**

The amount of time the offender must keep the device installed on their vehicle depends on their arrest date:

- Arrests prior to January 2013 = **6 months of monitoring**
- Arrests between January 1, 2013 and June 30, 2013 = **8 months of monitoring**
- Arrests on or after July 1, 2013 = **12 months of monitoring**

Offenders must have their device calibrated and monitored every 30 days. The Ignition Interlock Provider will issue a Comprehensive Ignition Interlock Monitoring Report after the IID has been monitored/calibrated for the required reporting period. The offender is responsible for maintaining this report. An IID Limited Driving Permit shall be restricted to allow the holder to drive solely for the following purposes:

- Going to the holder's place of employment;
- For the purpose of employment;
- Going for work related purposes;
- Attending a college or school at which he or she is regularly enrolled as a student;
- Attending regularly scheduled sessions or meetings of treatment support organizations for persons who have addiction or abuse problems related to alcohol or other drugs, which organizations are recognized by the commissioner;
- Going for monthly monitoring visits with the permit holder's ignition interlock device service provider.

### COMPLETION OF THE IGNITION INTERLOCK PROGRAM

The Comprehensive Ignition Interlock Monitoring Report must be submitted by the offender to the DDS when applying for reinstatement of driving privileges. After the offender obtains the specified monitoring report, they become eligible for a non-Ignition Interlock Limited Permit with fewer driving restrictions for the balance of their 18 month suspension.

Once the offender has met all of the Ignition Interlock requirements, including having the IID installed and holding the IID Limited Driving Permit for the required period of time, and have in fact been reinstated, DDS will issue an **IID Device Removal Authorization Form (IIP-137HV)**. This form must then be taken to the IID Provider Center to have the device removed from the vehicle.

If the offender has tampered/ circumvented with the ignition interlock device or failed to report for monitoring, the Provider may have the offender's Limited Driving Permit revoked by submitting a **Notice of Ignition Interlock Offender Non-Compliance (RC-IIP-22)** to the DDS. If the offender has their IID limited permit revoked, they have an appeal right and must pay a \$250 filing fee if they would like to Request a Hearing thru Office of State Administrative Hearing (OSAH).

If there are any questions regarding limited driving permits, reinstatement or other questions pertaining to ignition interlock program, please call the DDS Contact Center at 678-413-8400 or 866-734-2761.

I have read the above information, or the provider has read it to me. I have received a copy of this form. I have executed a Lease Agreement with the Provider and received a copy of such agreement. I agree to adhere to the monitoring schedule as set by the IID Provider. I further understand that it is my responsibility to ensure that the IID is required and that I am eligible to have it installed.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Provider Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date