

Dräger safety

AZ INTERLOCK 936-539-1377

(Please fill out as much information as possible)

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Middle: _____ Suffix: _____

Date of Birth: ____/____/____

Social Sec #: ____-____-____

Address: _____

Address2: _____

City: _____

State: _____ Zip: _____

County: _____

Home Phone: (____) ____-____

Work Phone: (____) ____-____

Cell Phone: (____) ____-____

Employer: _____

Driver's Lic. #: _____

State of Issue: ____ Exp. Date: _____

Relative/Friend: _____

Contact Phone: (____) ____-____

Status (Circle One): Pre-Trial/Bond

Probation

Occupational License

Parole

Other: _____

Signature: _____

LEGAL INFORMATION

Case/Cause #: _____

SPN #: _____

Court #: _____

Judge: _____

Monitor/PO: _____

County: _____

Attorney: _____

VEHICLE INFORMATION

Year: _____ Make: _____

Model: _____

Color: _____

VIN #: _____

Lic. Plate #: _____ State: ____

Owner: _____

Lien Holder: _____

Odometer: _____

Vehicle Condition: New Good ____

Fair ____ Poor ____

Date: _____

AZ INTERLOCK

103 HILBIG

CONROE, TX 77301

936-756-0660

INSTALLATION/DE-INSTALLATION WAIVER

CUSTOMER NAME: _____ DATE: _____

VEHICLE INFORMATION:

MAKE: _____ MODEL: _____
YEAR: _____ COLOR: _____
LICENSE: _____
VIN#: _____

As required by the Courts, I hereby give my consent for a representative of AZ Interlock to install one interlock device into the above stated vehicle according to the State of Texas Department of Public Safety guidelines. Additionally, upon Court order to remove such unit, I give my consent for a representative of AZ Interlock to de-install said unit from the same vehicle, returning my vehicle to its original condition (barring any changes in the vehicle that may have occurred in the duration of having the interlock unit in the vehicle). I understand and agree that AZ Interlock will not be held liable for any damages to the vehicle during installation, de-installation nor during the duration of the lease of the interlock device.

Customer Signature

Printed Name

AZ Interlock representative

AZ INTERLOCK

REFERENCE SHEET

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR OUR RECORDS. DO NOT LIST ANYONE WHOM YOU DO NOT KNOW AT LEAST TWO OF THE THREE NUMBERS REQUESTED.

REFERENCE 1:

NAME: _____ RELATION: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____

REFERENCE 1:

NAME: _____ RELATION: _____
HOME PHONE: _____ WORK PHONE: _____
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NAME: _____ RELATION: _____
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CELL PHONE: _____

CLIENT NAME - PRINT

DATE

AZ INTERLOCK/CUSTOMER AGREEMENT

I UNDERSTAND THAT THE FOLLOWING CONDITIONS APPLY TO ME. FOR THE PROPER USE OF THE DRAEGER INTERLOCK DEVICE THAT I WAS ORDERED BY THE COURT TO HAVE INSTALLED. BY SIGNING BELOW, I AGREE TO ABIDE BY ALL OF THE INSTRUCTIONS HEREIN. FAILURE TO DO SO MAY RESULT IN LOCKOUTS AND/OR VIOLATIONS TO BE RECORDED INTO THE DEVICE. I ALSO UNDERSTAND THAT EVERY REPORT WILL BE SENT TO THE APPROPRIATE MONITORING AGENCY, WHICH COULD BE USED AGAINST ME IN THE COURT OF LAW. I ALSO UNDERSTAND THAT THE CAMERA TAKES RANDOM PICTURES WHILE I AM DRIVING. DRAEGER SAFETY DIAGNOSTICS, INC. USES "ALCOHOL SPECIFIC" DEVICES. I HAVE BEEN INFORMED OF THE PRODUCTS LISTED BELOW AND I WILL USE THEM WITH CAUTION

1. I WILL NOT CONSUME **ANY** SUBSTANCE CONTAINING ALCOHOL: DRINKING ALCOHOL, MOUTHWASH, COUGH SYRUP, LIQUID COLD MEDICATIONS, OR NYQUIL PRODUCTS WITHIN SEVERAL HOURS OF BLOWING INTO INTERLOCK DEVICE. I WILL ALWAYS CHECK ALL INGREDIENTS BEFORE USING.
2. I WILL NOT PUT ON OR SPRAY ANY ALCOHOL BASED PRODUCTS IN MY VEHICLE: PERFUME, COLOGNE, AIR FRESHENERS, HAIRSPRAY, INHALANTS, NASAL SPRAY, PAINT THINNERS OR GASOLINE. (DO NOT GET FUEL OR CHEMICALS ON HANDS: IT IS EXTREMELY HIGH IN ALCOHOL.)
3. I WILL NOT BLOW INTO THE HANDSET AT ANYTIME. **IMMEDIATELY** AFTER EATING ANY FOOD, OR HAVING ANYTHING ELSE IN MY MOUTH, INCLUDING BREAD, PASTRY, OR DOUGH RELATED PRODUCTS. SPECIFICALLY DONUTS, KOLACHES, AND HONEY BUNS AS THEY CONTAIN YEAST WHICH IS USED TO MAKE BEER. **FAILED READINGS RESULTING IN AN ALCOHOL VIOLATION WILL IMPOSE A \$75 VIOLATION RESET.**
4. I WILL NOT BLOW CIGARETTE OR CIGAR SMOKE NEAR THE INTERLOCK DEVICE. DOING SO MAY DAMAGE THE UNIT AND PRODUCE A FAILED READING. CIGARETTES CONTAINING MENTHOL STAY ON YOUR BREATH AND MAY PRODUCE A FAILED READING. THIS INCLUDES SOME TOOTHPASTES, GUM, BREATH MINTS, AND COUGH DROPS.
5. I UNDERSTAND THAT I MAY USE MANY OF THE PRODUCTS MENTIONED ABOVE, BUT THAT I MUST WAIT 20-30 MINUTES AFTER HAVING ANYTHING IN MY MOUTH.
6. I WILL COMPLETE EVERY RETEST WHEN PROMPTED TO DO SO. I WILL NEVER LEAVE THE VEHICLE UNATTENDED AND RUNNING. AS THIS WILL RESULT IN A RETEST REFUSAL AND VIOLATION. IF I MISS MORE THAN 5 RETESTS WITHIN 30 DAYS, THE INTERLOCK DEVICE WILL LOCKOUT AND WILL BE RECORDED AS A VIOLATION. I UNDERSTAND THAT THIS WILL REQUIRE A "VIOLATION RESET" AND THE FCC OF \$25 WILL BE IMPOSED.
7. I UNDERSTAND THAT MISSED APPOINTMENT FEES ARE ALSO \$25. I MUST CALL 24 HOURS IN ADVANCE TO RESCHEDULE. **"A BROKEN APPOINTMENT IS A LOSS TO EVERYONE."** YOUR APPOINTMENT MAY HAVE BEEN GIVEN TO SOMEONE ELSE.
8. I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR THE UNIT IF DAMAGED OR STOLEN, AS WELL AS ANY AND ALL VIOLATIONS. I MAY ALLOW OTHERS TO USE MY VEHICLE, BUT I AM RESPONSIBLE FOR ALL READINGS FOR ALCOHOL OR RETEST REFUSALS. **(PLEASE USE GOOD JUDGMENT!!)**

CLIENT SIGNATURE _____ DATE _____