



# IGNITION INTERLOCK EMPLOYMENT EXEMPTION AFFIDAVIT

State of Utah Ignition Interlock Program  
Utah Driver License Division

## Driver Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Suite / Unit #  
\_\_\_\_\_  
City State Zip Code

Driver License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employer Information

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN # \_\_\_\_\_

Does applicant have any ownership in company? YES  NO

Is driver covered on company auto insurance? YES  NO  Policy # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Group # \_\_\_\_\_

## Disclaimer and Employer Signature

I am aware that the driver listed above is currently restricted to drive vehicles equipped with an ignition interlock device. I further understand that the ignition interlock exemption is only valid for operating a company vehicle for business purposes and not personal use. I declare that the foregoing is true and correct.

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be faxed to (801) 964-4499. You may also bring this form to any Driver's License office or Mail this form to: PO Box 144501, Salt Lake City, Utah 84114-4501. If you have questions regarding this Employment Exemption Affidavit, please call 801-965-4109.