Virginia Alcohol Safety Action Program vasap.virginia.gov

Ignition Interlock Consent to Install Form

Client Name:					
Vehicle Make:				Vehicle Model:	
Vehicle Year:				Vehicle Color:	
Vehicle License	e Plate #:				
VIN Number:					
I, the undersigned, being the registered owner of the vehicle(s) described above, or (in the case of a company-owned vehicle) the person so authorized, hereby give my consent to have an ignition interlock system installed by					
In the event of vignition interloc	rlock requ rehicle rep k device, l	irement. ossession, theft, o	or any oth the interl	er reason that n	nay lead to permanent loss of the vider and my ASAP case manager
(Printed Name of	of Person I	Providing Permiss	sion)		
(Signature of Pe	erson Prov	iding Permission))	(Date)	-
(Notary Signatu	re)			(Date)	-