

Virginia Alcohol Safety Action Program

TREDS Ignition Interlock Enrollment Form

I request to enroll in the Virginia Alcohol Safety Action Program for the purpose of satisfying an ignition interlock requirement. I agree that all information that I enter on this document is accurate to the best of my knowledge. I also agree to all terms and conditions within this document and the ASAP Ignition Interlock Agreement form.

Identification Information

First Name: _____ Middle Initial: _____ Last Name: _____

Driver's License Number: _____ DOB: _____

Street Address: _____ State: _____

City or County: _____ Zip Code: _____

Contact Number(s): _____ / _____

Referral Information

Interlock Vendor Name: _____ ¹Offense Type: _____ Offense Date: _____

Court Name: _____ Conviction Date: _____

DC 266 Ignition Interlock Order Effective Date: _____

²Alcohol Determination Method: _____ BAC Value: _____

Please circle "Reason for Stop" as: accident, checkpoint, citizen alert, disabled vehicle/welfare check, domestic disturbance, erratic driving, equipment violation, expired inspection/registration, failure to obey highway sign, no headlights, speeding, texting, or other offense or situation.

¹Please enter 1st, 2nd, or 3rd DUI

²Please enter either blood, breath, refusal, or DUID (driving under the influence of drugs)

Vehicle Information

VIN: _____ Make: _____ Model: _____

Year: _____ Tag: _____ Hybrid: Yes/No Push Start: Yes/No

VIN: _____ Make: _____ Model: _____

Year: _____ Tag: _____ Hybrid: Yes/No Push Start: Yes/No

If someone else is the registered owner of the vehicle(s) listed above, the owner is required to complete and sign the "Ignition Interlock Consent to Install Form". If the owner will not be present at the interlock installation appointment, the form must be notarized. Failure of the owner to be present at installation, or have the document notarized, will result in a re-schedule of the interlock installation appointment by the interlock service provider. If you are not the registered owner of the vehicle(s) listed above, please complete the following:

Owner's First Name: _____ Middle Initial: _____ Last Name: _____