

IGNITION INTERLOCK ACKNOWLEDGEMENT FROM EMPLOYER

_____, is currently serving a (probation) (conditional discharge)
(FULL NAME OF OPERATOR)
sentence in _____ County to expire on _____.

This letter is to confirm that the Employer has been notified of the restricted nature of the driver's license held by _____ requiring installation and maintenance of
(FULL NAME OF OPERATOR)
an ignition interlock device in any motor vehicle he/she owns or operates in accordance with New York State Vehicle and Traffic Law Article 31. Pursuant to Vehicle and Traffic Law Section 1198(8), on behalf of the employer, I hereby give permission that _____ may operate the
(FULL NAME OF OPERATOR)
Employer's vehicle(s) without such a device only in the course and scope of his/her employment for business purposes. The Employer's motor vehicle(s) is/are not owned, or partly owned, or controlled by the Operator.

This statement of acknowledgement must be in his/her possession while operating the Employer's vehicle.

Employer Signature: _____ Date: _____

Employer (print name): _____

Company/Business: _____

Title: _____

Phone: _____

Vehicle Information

Year/Make/Model: _____

License Plate: _____

V.I.N.: _____

Monitoring Authority: _____

Phone: _____

(ATTACH INFORMATION RELATED TO ADDITIONAL VEHICLES IF APPLICABLE)

3 COPIES: ONE TO EMPLOYER, ONE TO EMPLOYEE, ONE TO MONITORING AGENT