

APPLICATION FOR IGNITION INTERLOCK ASSISTANCE



Instructions: *Print clearly and legibly.*

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	DATE OF BIRTH (mm/dd/yyyy)	
ADDRESS	CITY	STATE	ZIP
WYOMING DRIVER LICENSE NUMBER	SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) NUMBER		
<p>I hereby certify that I am eligible to receive one-half (1/2) of the cost of the ignition interlock device installation fee and monthly service fee(s) pursuant to W.S. 31-7-401(b)(vii).</p>			
APPLICANT SIGNATURE			DATE
<p><i>NOTE: Approval to receive half of the ignition interlock installation fee and monthly service fee(s) is based solely upon proof that you are eligible and qualified to participate in the Federal Supplemental Nutrition Assistance Program (SNAP). If, for any reason, your eligibility is cancelled by Wyoming Department of Family Services, you will not be eligible for continued assistance. Also, if you violate any of the conditions of maintaining the ignition interlock device on your vehicle or our records indicate you are attempting to circumvent the device, you will no longer be eligible for assistance.</i></p>			
OFFICE USE ONLY			
<input type="checkbox"/> Yes, applicant is eligible <input type="checkbox"/> No, applicant is not eligible		DATE VERIFIED BY DFS	MVID NUMBER
REASON FOR INELIGIBILITY			
DRIVER SERVICES SUPERVISOR			DATE APPROVED/DENIED

Should you have any questions regarding this form, please contact the Customer Service Desk at 307-777-4810.

**Mail to: Wyoming Department of Transportation (WYDOT)
 Driver Services
 5300 Bishop Boulevard
 Cheyenne, WY 82009-3340**

OR Fax to: 307-777-4922