

DEPARTMENT OF MOTOR VEHICLES  
ORDERED VERIFICATION OF IGNITION INTERLOCK  
(See back for instructions)

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SECTION I DRIVER INFORMATION

DRIVER'S NAME (LAST FIRST MIDDLE SUFFIX IF ANY)		DRIVER LICENSE NUMBER
MAILING ADDRESS (STREET)		APARTMENT/SPACE NUMBER
CITY	STATE	ZIP CODE
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		APARTMENT/SPACE NUMBER
CITY	STATE	ZIP CODE
BIRTH DATE (MONTH DAY YEAR)	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER

SECTION II MANUFACTURER/FACILITY INFORMATION The following facility installed this device manufactured by:

MANUFACTURER <i>Smart Start Inc.</i>			
FACILITY NAME <i>Universal Auto Repair</i>		BUREAU OF AUTOMOTIVE REPAIR NUMBER <i>AR200161972</i>	
FACILITY ADDRESS (STREET) <i>16903 Sonoma Hwy.</i>		CITY <i>Sonoma</i>	STATE ZIP CODE <i>CA 95476</i>

SECTION III IGNITION INTERLOCK DEVICE INFORMATION

DATE OF INSTALLATION	DATE OF NEXT MONITOR CHECK (OPTIONAL)
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SECTION IV VEHICLE INFORMATION An ignition interlock device was installed on the following vehicle:

VEHICLE MAKE	YEAR	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
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SECTION V FACILITY USE ONLY

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

INSTALLER'S PRINTED NAME	DAYTIME TELEPHONE NUMBER
INSTALLER'S SIGNATURE	DATE

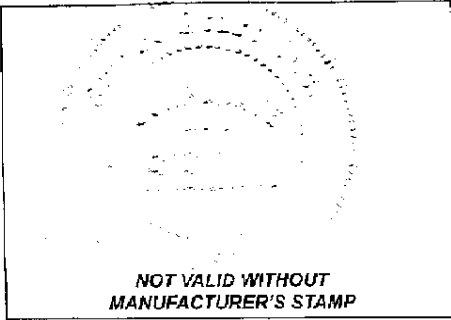
DISTRIBUTE COPIES AS FOLLOWS:

- Original** : Mail this original document with the appropriate fee to:
  - Department of Motor Vehicles
  - Mandatory Actions Unit, M/S J233
  - P.O. Box 942890
  - Sacramento, CA 94290-0001,
 or submit the original document with the fee to the nearest DMV office.
- Photocopy** : Driver
- Photocopy** : Installer
- Photocopy** : Manufacturer or Manufacturer's Agent



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**VERIFICATION OF INSTALLATION  
IGNITION INTERLOCK**  
(See back for instructions)

DRIVER LICENSE NUMBER

**SECTION I DRIVER INFORMATION**

DRIVER'S NAME (FIRST, MIDDLE, LAST)		SUFFIX (JR., SR., III)
MAILING ADDRESS (STREET)		APARTMENT/SPACE NUMBER
CITY	STATE	ZIP CODE
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		APARTMENT/SPACE NUMBER
CITY	STATE	ZIP CODE
BIRTH DATE (MONTH, DAY, YEAR)	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER

**SECTION II MANUFACTURER/FACILITY INFORMATION** The following facility installed this device manufactured by:

MANUFACTURER <i>Smart Start Inc.</i>			
FACILITY NAME <i>Universal Auto Repair</i>		BUREAU OF AUTOMOTIVE REPAIR NUMBER <i>AR000161872</i>	
FACILITY ADDRESS (STREET) <i>16903 Sonoma Hwy.</i>		CITY <i>Sonoma</i>	STATE ZIP CODE <i>CA 95416</i>

**SECTION III IGNITION INTERLOCK DEVICE INFORMATION**

DATE OF INSTALLATION	DATE OF NEXT MONITOR CHECK (OPTIONAL)
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**SECTION IV VEHICLE INFORMATION** An ignition interlock device was installed on the following vehicle:

VEHICLE MAKE	YEAR	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
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**SECTION V FACILITY USE ONLY**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

INSTALLER'S PRINTED NAME	DAYTIME TELEPHONE NUMBER
INSTALLER'S SIGNATURE <b>X</b>	DATE

**DISTRIBUTE COPIES AS FOLLOWS:**

- Original:** Mail this original document with a \$15 fee, if required (see "NOTE" on back), to:  
 Department of Motor Vehicles  
 Mandatory Actions Unit, M/S J233  
 P.O. Box 942890  
 Sacramento, CA 94290-0001,  
 or submit the original document with the fee to the nearest DMV office.
- Photocopy:** Driver
- Photocopy:** Installer
- Photocopy:** Manufacturer or Manufacturer's Agent

**LESSEE INFORMATION**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ State CA Zip 91 How Long? 2  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Home Phone (707) \_\_\_\_\_ Mobile/Pager # (707) \_\_\_\_\_ State CA Zip 91 How Long? 5  
 Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
 Driver License # \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Nearest relative not living with you \_\_\_\_\_ Phone ( ) \_\_\_\_\_ How Long? \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Phone ( ) \_\_\_\_\_ How Long? \_\_\_\_\_

By signing this agreement, Lessee authorizes, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Smart Start Inc. to furnish any investigative consumer report that may be requested in consideration of this Lease Agreement.

**COURT INFORMATION**

Attorney Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 A copy of client's court order is attached. Yes \_\_\_\_\_ No \_\_\_\_\_ Case No. \_\_\_\_\_  
 Interlock is a condition of \_\_\_\_\_ Bond/Bail \_\_\_\_\_ Pre-trial \_\_\_\_\_ Occupational Lic. \_\_\_\_\_ Probation \_\_\_\_\_  Lic. Suspension  
 \_\_\_\_\_ Parole \_\_\_\_\_ Voluntary \_\_\_\_\_ Other \_\_\_\_\_  
 County of Arrest \_\_\_\_\_ Judge \_\_\_\_\_ Probation Officer \_\_\_\_\_

**WARRANTY**

This warranty will cover the replacement cost of \$825.00 for the head device and \$1400.00 for the logger device if they are stolen or damaged as to make the devices unusable. Warranty contains a \$250.00 deductible. The deductible will be waived only under the following conditions: 1) the entire vehicle is stolen AND 2) Lessee supplies a valid police report with the theft claim AND 3) Lessee has paid the monthly warranty and Lease fees on time each month AND 4) Lessee has brought the car in for all scheduled appointments. Term: This warranty shall commence on the Effective Date and shall continue in full force and effect until terminated (1) by court order effective as of the date set forth therein, (2) by Lessor effective immediately upon discovery that the equipment has been tampered with or misused by Lessee, or (3) by Lessor for any other reason effective fifteen (15) days after Lessor's written notice to Lessee issued to Lessee's last known address as reflected in the records of Lessor. The warranty fee is non-refundable. The Warranty Fee is \$5.00, which is prepaid monthly with the lease payment.

(Initial) I **DECLINE** the warranty. I am aware that I am liable for the full replacement cost of \$2,225 if equipment is not returned in good working condition by lease termination date.

**EARLY TERMINATION FEE**

Please read this carefully. Early Termination is defined as a removal of the Smart Start ignition interlock prior to court and/or DMV ordered removal date. The Early Termination Fee is \$285.00. Term: This Fee must be paid in full at time of Early Termination. This fee is mandatory and binding only if Lessee terminates this lease and the conditions therein prior to removal date as designated by the courts and/or DMV. This Fee is not binding at time of removal under the following conditions: 1) Lessee presents a valid document from the courts or DMV that stipulates that Lessee is legally approved to remove the Ignition Interlock and it is no longer a requirement of Lessee's driving privileges AND 2) the information in said document can be verified by Smart Start Inc. OR 3) Lessee installed the Ignition Interlock on a strictly voluntary basis. The Early Termination Fee is non-refundable. For more information on removal procedures, please refer to the back of this form.

(Initial) I fully understand and accept the Early Termination Fee

**VEHICLE INFORMATION**

(This section completed by technician)

Install date: \_\_\_\_\_ (Circle One) SSI-1000 Smart Start 20/20  
 License Plate # \_\_\_\_\_ Temp Head # \_\_\_\_\_ Logger # 1  
 VIN # \_\_\_\_\_ Yr/Mk/Mdl \_\_\_\_\_ Color \_\_\_\_\_  
 Mileage: \_\_\_\_\_ Service Location: \_\_\_\_\_

This is a: NEW INSTALLATION  TRANSFER  NEW DMV LEASE   
 Amt Collected \$ 107.98 Deposit Amt \$ \_\_\_\_\_ Form of pmt: Cash  Charge  Other: \_\_\_\_\_

The vehicle electrical system is not functioning properly and may cause problems with the device. Lessee has been informed of this situation.  
 \_\_\_\_\_ Lessee (Client) initials \_\_\_\_\_ Technician initials

**TRAINING ACKNOWLEDGMENT**

I have received written instructions, watched the training video and received instruction on the use of the device in my own car by the Smart Start technician. I know to rinse my mouth with water prior to each test. I am comfortable with the training I received. I know to always practice safe driving habits and keep my eyes on the road.

\_\_\_\_\_ Lessee (Client) initials \_\_\_\_\_ Technician initials

**LEASE CONDITIONS**

**Certificate of Acknowledgment and Acceptance of Lease Conditions and Equipment**  
 Lessee hereby acknowledges receipt of the equipment described in its Lease with Lessor and accepts the equipment and Lease conditions after full inspection thereof as satisfactory for all information and additional conditions of agreement at any time. I understand Smart Start may change terms and conditions of agreement is available to me in Spanish for interpretation purposes. Si necesito ayuda, entiendo el documento en Español, para el proposito de interpretacion.

Signature of Lessee \_\_\_\_\_ Technician \_\_\_\_\_ Effective Date 2/20/11

Fees: The Lease Payment is \$74.95 + tax per month, or any portion thereof. Installation Fee = \$850.00, Lock Out Fee = \$75, Removal Fee = \$75, Transfer Fee = \$135. By-Installation Fee = \$200, Cord Replacement/Damage Fee = \$25.00 Head Replacement/Damage Fee = \$825.00, Logger Replacement/Damage Fee = \$1400.00. The first month's Lease Payment plus Installation Fee are payable in advance. Thereafter, the monthly Lease Payment shall be payable on the corresponding day of each month until the device is returned to Smart Start.