

NC DMV

DIVISION OF HEARINGS

REQUEST FORM FOR IGNITION INTERLOCK DOCUMENTS

Ignition Interlock documents may be obtained from the ignition interlock provider once permission is given by the NC Division of Motor Vehicles.

I am requesting ignition interlock reports for the following person(s):

NCDL/ID # \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

NCDL/ID # \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Please circle the number below that best describes the reason the information is being requested:

1. For the driver's own personal record.
2. For use by any **government agency** in carrying out its function, or for use by any private person or entity action **on behalf** of a government agency. (List agency name: \_\_\_\_\_)
3. For use in connection with any civil, criminal, administrative or arbitration proceeding in any federal, state or local court or agency.
4. For use by private investigators or licensed security service for any purposes listed herein. NC Private Investigator License # \_\_\_\_\_.
5. For use by any requestor who has obtained written consent of the individual to whom the information pertains. *Attach a copy of the written consent.*

I am qualified to receive this information under the category circled above. I understand that I may not re-disclose this information except for the reason listed above.

Requested by: Full Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature (**Required**) \_\_\_\_\_

Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_