

Virginia Alcohol Safety Action Program
vasap.virginia.gov

**Employer Ignition Interlock Acknowledgement
& Owner Verification Form**

I, the undersigned, being an authorized representative of _____ (Company Name) acknowledge that the court has authorized _____ (Employee's Full Name) to operate my company vehicle, or vehicles, without an ignition interlock installed. I approve such operation of my vehicle, or vehicles, as so directed by the court.

I, the undersigned, also attest that _____ (Employee's Full Name) is not wholly or partially in control or ownership of any part of the company listed above.

(Printed Name of Authorized Employer Representative)

(Phone Number of Authorized Employer Representative)

(Signature of Authorized Employer Representative) (Date)

(Notary Signature) (Date)