



VIRGINIA ALCOHOL SAFETY ACTION PROGRAM
Virginia Ignition Interlock Program Employment Exemption
Application

Print Form

www.vasap.virginia.gov				
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Application Packet

Please read the following instructions carefully.

There are two parts to the Virginia Ignition Interlock Program Employment Exemption Application

- Page 2 must be filled out by the ignition interlock participant.
- Page 3 must be filled out by the participant's employer.

This form must be submitted to your servicing Alcohol Safety Action Program.

EMPLOYEE SECTION - to be filled out by the ignition interlock participant.

Grid for Driver's License Number: 12 boxes with dashes.

Driver's License Number

Grid for State of issue: 2 boxes.

State of issue

First Name Middle Name Last Name Phone Number Date of birth

Address City State Zip Email Address

List your occupations and job duties. If more space is needed, please attach a separate piece of paper.

- 1. I understand that if I am granted an employment exemption, I will still be required to install the ignition interlock device on another vehicle. X Signature
2. I understand that the employment exemption is only valid for operating a company vehicle for business purposes and not for personal use. X Signature
3. I understand if my employment changes, I will notify my servicing ASAP in writing within 10 days. X Signature
4. I certify that I am not self- employed. X Signature
5. I certify that I do not own or partially own the business for which I am applying for an employment exemption. X Signature

If granted an employment variance, you must keep it with you while driving. The variance is effective for one year. You must reapply annually.

Notice

What is the purpose of supplying the requested information?

The Virginia Alcohol Safety Action Program (VASAP) collects the information on this form for identification purposes, for verification that the requirements of Virginia Code 18.2-270.1 (l) are met.

Am I required to provide the requested information?

You are not legally required to complete this form.

What will happen if I do not provide the requested information?

You can refuse; however, VASAP may consider your form incomplete and will forward the information to the court's attention.

Who will have access to the requested information?

VASAP may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians, or property. The personal information you provide to request employment exemption in the Ignition Interlock Device Program is classified by 18 U.S.C. § 2721 and is subject to the disclosure in accordance with these laws.

I verify the information on this document is truthful and accurate. I understand that any false information provided may result in my case being sent back to the court non-compliant.

Signature Date

Subscribed and sworn before me this ___Day of ____, 20___
Notary Public _____ County _____
My Commission Expires _____

Notary Stamp box

EMPLOYER SECTION - to be filled out by the applicant's employer.

Your employee is enrolled in the Virginia Ignition Interlock Program. As a participant in the Program, your employee is required to only drive vehicles equipped with an ignition interlock device. Per Virginia Code 18.2-270.1 (I), a participant may drive an employer- owned vehicle without an ignition interlock device if the employer consents.

Employer Consent

Full Name (First, Middle, Last of Employee) Employee Driver License Number

Name of Employer / Company Employer / Company Address City State Zip

- 1. Is this employee an owner or partial owner of the business for which the employee is applying for the employment exemption (Minnesota Rule 7503.1775)? Yes No
- 2. Does the employee need to drive the company vehicle to and from their home to work? Yes No
- 3. Does the employee need to drive the company vehicle on the job for employment purposes? Yes No
- 4. Will the employee be using the company-owned vehicle for personal use? Yes No

List the employee's job duties that require the use of the company vehicle. If more space is needed, please attach a separate piece of paper.

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I hereby certify that the above name employee's job responsibilities require him/her to operate a company vehicle. I am aware that he/she is currently restricted to drive vehicles equipped with an ignition interlock device. I further understand that this employment exemption is only valid for operating a company vehicle for business purposes and not for personal use.

Print Name of Authorized Representative Phone Number Title

Signature of Authorized Representative Date

Subscribed and sworn before me this ___Day of_____, 20____
Notary Public _____ County _____
My Commission Expires _____

