MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Ignition Interlock Insurance Certification

This certificate of insurance is required to certify insurance coverage on the vehicle to be used for participation in Minnesota's Ignition Device Interlock Program. This form is to be completed by an authorized representative of the insurance company (not the agent).

- The completed form should be faxed to (651) 797-1299 or mailed to Driver and Vehicle Services, Ignition Interlock Unit, 445 Minnesota Street, Suite 177, Saint Paul, Minnesota 55101-5177.
- If you have questions or need additional information, please contact DVS at (651) 296-2948.
- ***Driver and Vehicle Services must be notified if insurance is canceled within 12months.***

Driver Information

Driver's Full Name (PRINT OR TYPE) _____ Driver's Date of Birth (mm/dd/yy) _____

[ ] - [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ] [ ][ ]

Driver's License Number — State of Issue

Insurance Information

Name of Insurance Company (PRINT OR TYPE) _____ Policy Number _____ Effective Date (mm/yy) _____

Describe the vehicle below.

Year _____ Make _____ Current Plate Number/State of Issue _____

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Vehicle Identification Number

X _____

Signature of Authorized Representative of the Insurance Company (NOT THE AGENT)

Please Note: This document must display a stamp from the insurance company or must be faxed directly from the insurance company for verification purposes.