

## **EMPLOYER IGNITION INTERLOCK DEVICE (IID) EXCEPTION**



Oregon Revised Statute (ORS) 813.602 states a person convicted of driving under the influence of intoxicants (DUII) or a person entering into a DUII diversion agreement shall be required to install and use an approved IID in any vehicle operated by the person.

ORS 813.606 states if a person is required, in the course and scope of the person's employment, to operate a motor vehicle owned by the person's employer, the person may operate that vehicle without an IID if:

- The employer has been notified that the employee is required to install an IID; and
- The employee has proof of the notification and a valid driver license or valid hardship/probationary permit in their possession while operating the employer's vehicle in the course of employment.

NOTE: A person who is self-employed is NOT eliqible for an Employer IID Exception.

- **EMPLOYER:** Complete and sign Section 1, "Employer Exception From IID Requirement."
  - Give Copy to employee.

Note: If employee has been issued a hardship permit and is no longer required to drive vehicles registered to your company, complete Section 2, "Notification of Termination of Exception" and send a copy to DMV.

EMPLOYEE: You must carry a copy of this exception signed by your employer, in addition to a valid driver license or valid hardship/probationary permit, at all times when operating vehicles registered to your employer while driving for employment purposes.

To obtain the ending date of your IID requirement, call Customer Assistance at (503) 945-5000.

ECTION 1 ▼ EMPLOYER EXC	CEPTION FROM IID REQUIR	EMENT ▼
LOYEE NAME	ODL / CUSTOMER NUMBER	DATE OF BIRTH
By signing this form, I verify:		<b>-</b>
<ul> <li>I have been notified the above named emp</li> <li>The above named employee has a valid dr</li> <li>This form serves as proof of the notification</li> </ul>	iver license or valid hardship/probationary	•
The above named employee is required, in vehicle owned by the employer as follows:	the course and scope of his/her emplo	yment, to operate a motor
Please mark the appropriate box:		
<ul> <li>Drives company vehicle to and fro</li> </ul>	m work for employment purposes only.	
<ul> <li>Drives company vehicle on-the-job</li> </ul>	o for employment purposes only.	
☐ Drives company vehicle to and fro	m work and on-the-job for employment pu	urposes only.
MPANY NAME		
PLOYER NAME (type or print)	PH	HONE NUMBER
PLOYER SIGNATURE	DA	ATE
SECTION 2 ▼ NOTIFICATI	ON OF TERMINATION OF EXCEPTION	▼
Employer must complete and sign this section <b>ONLY</b> if Demployed by this company or no longer required to operate		
OR 97314.  Employee no longer operates compan	y vehicle(s).	
Employee no longer works for this com	npany.	

DATE

EMPLOYER SIGNATURE