

OREGON IGNITION INTERLOCK DEVICE OVERSIGHT PROGRAM SERVICE CENTER CLOSURE FORM



Distribution:

Please fill out this form in its entirety and send to the following:

- The Oregon State Police;
- The applicable Manufacturer's Representative (if filled out by Service Center); and
- The applicable Service Center (if filled out by Manufacturer's Representative)

Fields in this form may be completed electronically.

Secti	on 1 – Manufa	acturer's Rep	reser	itative Info	ormatio	n	
IID COMPANY NAME						PHONE	
	Section 2 -	- Service Cen	iter In	formation			
BUSINESS NAME						PHONE	
ADDRESS (STREET, CITY, STATE)							
Section 3 – Closure Information							
TEMPORARY	CLOSURE DATE	REOPEN DATE	REASON	(REQUIRED)			
PERMANENT	CLOSURE DATE	REASON (OPTIONAL)	1				
Section 4 – Notification							
Has the Manufacturer's Representative been notified?				Yes	No	DATE NOTIFIED	
Has the Service Center been notified?				Yes	No	DATE NOTIFIED	
Have the clients (required drivers) been notified?				Yes	No		
A service center shall provide all IID related services to remain certified. Pursuant to Oregon Administrative Rule (OAR) 257-100-0025, a service center must provide device installation and removal services within five days from a customer's request and all other services within three days; banking holidays excepted.							
A service center <u>may</u> be removed from the IID Region Map and have certification revoked depending on the temporary closure. OSP-IID will decide removal and de-certification on a case-by-case basis.							
A service center <u>will</u> be removed center is permanently closed, a certification is authorized.							
I certify that the above informati	on I have provided is	s true and accurate.					
AUTHORIZED REPRESENTATIVE PRINT NAME AUTHORIZED REPRESENTATIVE SIG				SNATURE		DATE	
		OSP USE O	NLY				
DATE RECIEVED IID MEMBER PRINTED NAME			IID MEMBER SIGNAT	URE			
COMMENTS							