

Department of Motor Vehicles  
 Agency of Transportation  
 dmv.vermont.gov

120 State Street  
 Montpelier, Vermont 05603-0001  
 802.828.2061  
 Toll Free: 888-99-VERMONT  
 TTD: 711

To properly use an Ignition Interlock Device, you must be capable of providing a breath sample of 1.5 liters. To lower the required breath sample needed to operate your device, complete section A, and have a licensed pulmonologist complete section B.

When both sections have been completed, return this application by mail, or in person, to the address indicated above. Your request will be reviewed and you will be notified, in writing, if your waiver request has been approved.

Section A – To Be Completed By Applicant		
Applicant's Name		
Applicant's Mailing Address – Street / Road / Box Number		
City	State	Zip Code
Physical Address – If Different from Mailing Address		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	Vermont License/ID Number
Social Security Number	Are you applying for the Total Abstinence Reinstatement <div style="text-align: center;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No           </div>	
I certify that the information contained herein is true, complete, and correct to the best of my knowledge. Statements and warrants made herein are certified under penalty of 23 VSA §202 and §203.		
<b>Applicant's Signature:</b>		

**Pulmonologist Section on Next Page**

**Section B – To be Completed by Licensed Pulmonologist**

1. The patient/applicant has been under my care for \_\_\_\_\_ years.
2. Due to a medical condition, the patient's capability of providing a breath sample is limited to \_\_\_\_\_ liters.
3. The patient's medical condition is:  
 Permanent.             One that will persist for at least one year.

I certify that the information contained herein is true, complete, and correct to the best of my knowledge. Statements and warrants made herein are certified under penalty of 23 VSA §202 and §203.

Date of Exam	<b>DATE OF EXAM MUST BE WITHIN THE LAST <u>6 MONTHS</u> TO BE ACCEPTABLE.</b>
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Medical Examiner's Name (Print Clearly)	Phone Number
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Medical Examiner's Mailing Address

City	State	Zip Code
Classification or Specialty	Title	
License State	License Number	
Medical Examiner's Signature	Date	