



South Carolina Department of Probation, Parole & Pardon Services
Ignition Interlock Device Program

Service Center Provider Application

Service Center Provider Information

Service Center Provider Name: _____ Manufacturer: _____
Contact Person and Title: _____
Physical Address: _____
Mailing Address (If Different): _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____ Website: _____

Type of Business Performed:

Automotive Car Audio/Stereo Other: _____

Service Center Provider Hours of Operation (Monday – Sunday):

Opening at _____ and Closing at _____

Planned Closures (Month and Day):

Employee Information

Please provide a technician application for each technician or any personnel who will assist with the calibration or monthly monitoring reports.

How many technicians will be involved with the installation of the ignition interlock device? _____

How many employees will be involved with servicing the participants of the Ignition Interlock Device Program? Please list the name of each employee. _____

- 1.
- 2.
- 3.
- 4.

I certify, under penalty of perjury under the laws of the state of South Carolina, that the foregoing and all included documents are true and correct.

Signature _____ Date _____

Do not write below this line.

Approved Denied _____ Date _____

Reviewed By / Title _____ Authorization Number _____

Submitted by:		Title:		Date:	
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