



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

**Technician Application**

**Applicant Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Employer Name : \_\_\_\_\_ City: \_\_\_\_\_

Service Center Provider Authorization Number: \_\_\_\_\_

**Please initial your response to the questions below. Have you been convicted of:**

Any alcohol or drug-related offense within the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

More than one alcohol or drug-related offense overall? Yes \_\_\_\_\_ No \_\_\_\_\_

Perjury, forgery, sworn or unsworn falsification? Yes \_\_\_\_\_ No \_\_\_\_\_

Tampering with an ignition interlock device? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have an active community supervision case or previously supervised by the Department of Probation, Parole and Pardon Services within the last three (3) years? Yes \_\_\_\_\_ No \_\_\_\_\_

**Release of Information**

**I understand that my employment as a technician working on BAIDs requires a criminal background check, and that the Department of Probation, Parole and Pardon Services will conduct the background check. I consent to this criminal background check. I understand that, so long as I am employed as a technician working on BAIDs, the Department will conduct a criminal background check on me annually. I consent to the yearly criminal background check. I understand that I can withdraw my consent at any time, but must do so in writing forwarded to the Department at SCDPPPS, Ignition Interlock Program, PO Box 50666, 2221 Devine St., Columbia, SC 29250. Fax 803-734-9307.**

**With my signature below I affirm that the information I have provided on this application is true and correct, as is the information contained in any documents I have provided with my application.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Do not write below this line.**

Valid Driver's License?  Yes  No      Records check completed?  Yes  No

Approved       Denied      Approval Date \_\_\_\_\_

Reviewed By \_\_\_\_\_