

## Application for Order to Remove DEEP LUNG IGNITION INTERLOCK DEVICE

APPLICANT'S NAME:		APPLICANT'S DATE OF BIRTH:	
APPLICANT'S ADDRESS:			
APPLICANT'S DRIVERS LICENSE NUMBER:			
<b>Provide the following information regarding the Order which required the installation of the ignition interlock device on your vehicle:</b>			
	<b>Cause Number:</b>		
	<b>Charge:</b>		
	<b>The device was required as:</b>	(Check One)	
		<input type="checkbox"/> Condition of Bond	
		<input type="checkbox"/> Condition of Probation	
		<input type="checkbox"/> Other	
	<b>The device is currently installed on the following vehicle:</b>		
	<b>Year:</b>		
	<b>Make:</b>		
	<b>Model:</b>		
	<b>VIN:</b>		
	<b>Device Installed by: (Vendor)</b>		
<b>CERTIFICATION:</b> Under penalty of perjury I certify that the above information is true and correct and that I have met all conditions required for the removal of the deep lung ignition interlock device described above.			
Signature		Date	
<b>OFFICIAL USE ONLY BELOW THIS LINE:</b>			
Grayson County CSCD	Approved By:		
Grayson County Clerk	Order Verified By:		
<b><u>ORDER</u></b>			
The deep lung ignition interlock device described above may be removed.			
<b>IT IS SO ORDERED.</b>			
Date:	SIGNATURE OF PRESIDING JUDGE:		