

AOC-495.12 Doc. Code: ACI
Rev. 7-15
Page 1 of 2
Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
KRS 189A.340; 189A.420



**APPLICATION TO COURT UPON CONVICTION FOR
AUTHORIZATION TO APPLY FOR AN IGNITION
INTERLOCK LICENSE AND DEVICE**

Case No. _____
Court _____
County _____
Division _____

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

DEFENDANT

Address: _____

Comes the above-named Defendant, and requests authorization to apply to the Transportation Cabinet for the issuance of an ignition interlock license and permission to operate a motor vehicle/motorcycle equipped with a functioning ignition interlock device (IID):

1. My privilege to operate a motor vehicle in the Commonwealth of Kentucky is subject to **revocation upon conviction** for a first offense with aggravating circumstances OR second or subsequent offense in KRS 189A.010 (a),(b),(e) or (f) OR operating a motor vehicle on a revoked or suspended license pursuant to KRS 189A.090. I have enrolled and am actively participating in or have completed alcohol and substance abuse treatment.
2. I am requesting authorization to apply to the Transportation Cabinet for the issuance of an ignition interlock license. I understand that I must meet the Cabinet's eligibility requirements in order to receive an ignition interlock license.
3. I understand that until the ignition interlock license is authorized by the Transportation Cabinet and issued by the circuit court clerk, I will not be permitted to operate **any** motor vehicle or motorcycle.
4. I am requesting permission to install IID(s) on the following vehicle/motorcycle(s): *(List the make, model, year, and VIN number if known)*

5. I understand that, unless I am indigent, I will be responsible for the reasonable cost for leasing, buying, installing, servicing, and monitoring the IID device and that I must comply with all regulations of the Transportation Cabinet regarding the license and device.
6. I understand that if I receive an ignition interlock license, I will only be permitted to operate a motor vehicle or motorcycle equipped with a functioning IID.
7. *(check if applicable)* I am requesting a **WORK EXCEPTION** from the IID requirement. I am required to operate an employer-owned motor vehicle/motorcycle in the course and scope of my employment with *(name of employer)* _____. I ask the Court to allow me to operate an employer-provided motor vehicle/motorcycle that is not equipped with IID during regular work hours for the purposes of my job. My employer has been notified of the prohibition.
8. **Submitted to the Court with this Application are:** (a) Proof of motor vehicle insurance; **and** (b) If requesting a work exception, my employer has completed the **NOTARIZED** statement on **page 2** of this form.

Date: _____, 2_____

Defendant's Signature

Date: _____, 2_____

Defendant's Attorney (if any)

Distribution: White - Court File Yellow - Defendant Pink - County Attorney

Directions to Employer: This statement must be **completed and notarized** as part of the Applicant's request to install an IID and obtain a work exception.

Employer's Statement

- (1) _____ is an employee of this company.
Applicant's Name
- (2) A requirement of his/her employment, is the operation of an employer-provided motor vehicle or motorcycle.
- (3) We are aware of the employee's license suspension or revocation of the ability to operate a motor vehicle due to a charge or conviction for driving under the influence.
- (4) We are aware of the employee's request to the court that he/she be allowed to install an IID on a vehicle(s) registered to him/her, either jointly or individually.
- (5) We are aware of the employee's request for a **work exception**. If granted by the Court, we understand that the employee will be permitted to operate an employer-provided motor vehicle or motorcycle which is not equipped with an IID **for work purposes only and only during work hours**.
- (6) We understand that even if a work exception is granted by the Court, the defendant is restricted from using an employer's nonignition interlock equipped vehicle until the expiration of thirty (30) days from the date of issuance of an ignition interlock license for a first offense or twelve (12) months from the date of issuance of an ignition interlock license for a second or subsequent offense in violation of KRS 189A.010.

Signature of Employer

Title

Company Name

State of: _____
County of: _____
Subscribed and sworn to before me this _____ day of _____, 2____.
My commission expires: _____
_____ Notary Public

INSTRUCTIONS TO DEFENDANT:

If the Court authorizes you to apply for an ignition interlock license, you must complete the Transportation Cabinet's application form and submit it to the Transportation Cabinet. There is a nonrefundable fee for the application. The Cabinet may refuse approval of an ignition interlock license should your driving history reveal a current withdrawal, denial, suspension, cancellation, or revocation of driving privilege in any state/licensing jurisdiction. You can request a copy of your driver history from the DOT prior to submitting your application and nonrefundable fee to find out if you have a pending restriction of your driving privilege.

If the Cabinet indicates you are eligible for a license, you must then choose an approved IID provider and have a functioning IID installed on the vehicle(s) and/or motorcycle(s) you designated. A certificate of installation of an IID must be provided to the Transportation Cabinet prior to the issuance of an ignition interlock license.

If you are indigent, you may complete AOC-495.8, Affidavit of Indigency and Request for Reduced Costs.

IF YOU ARE COMPLETING THIS FORM ON A COMPUTER, SUBMIT THREE (3) SIGNED COPIES OF THE APPLICATION [PLUS PROOF OF INSURANCE] TO THE CIRCUIT CLERK. If you received this application from the circuit clerk, submit only the completed three-page carbon back [plus the proof of insurance] to the Circuit Clerk.