

## OREGON IGNITION INTERLOCK DEVICE OVERSIGHT PROGRAM MECHANIC'S AFFIDAVIT



## Distribution:

Please fill out this form in its entirety and send to the following:

- The Oregon State Police IID Program (3565 Trelstad Ave SE, Salem, OR 97317 or ospiidreports@osp.oregon.gov; and
- The applicable Manufacturer's Representative (IID Company)

Fields in this form may be completed electronically.

Section 2 — Manufacturer's Representative Information  COMPANY NAME  Section 3 — Vehicle Information  MAKE		S	ection 1 - IID Requir	ed Driver's Informa	ation	
Section 3 — Vehicle Information  ARR MAKE MODEL LICENSE PLATE LICENSE STATE  SHICLE COLOR LID DEVICE WILL BE DISCONNECTED BYPASSED DURING MAINTENANCE (SELECT ALL THAT APPLY) HANDSET CAMERA BLOCKER  Section 4 — Mechanic Information  ECHANIC'S NAME MIDDENS ADDRESS CITY STATE LIPENAME AND	AME (FIRST, MIDDL	LE, LAST)		DATE OF BIRTH (N	MM/DD/YYYY)	DRIVER LICENSE
Section 3 — Vehicle Information  ARR MAKE MODEL LICENSE PLATE LICENSE STATE  SHICLE COLOR LID DEVICE WILL BE DISCONNECTED BYPASSED DURING MAINTENANCE (SELECT ALL THAT APPLY) HANDSET CAMERA BLOCKER  Section 4 — Mechanic Information  ECHANIC'S NAME MIDDENS ADDRESS CITY STATE LIPENAME AND		Sectio	n 2 – Manufacturer's	Representative In	formation	
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Section 4 — Mechanic Information  Section 4 — Mechanic Information  EMPLOYER / BUSINESS NAME  APILOYER / BUSINESS ADDRESS  APILOYER / BUSINESS NAME  APILOYER / BUSINESS NAME			Section 3 – Ver	nicle Information		
Section 4 — Mechanic Information  ECHANIC'S NAME    EMPLOYER / BUSINESS NAME     PHONE     Or my co-workers, will be/ was in sole possession of the above described vehicle from   to	:AR	MAKE	MODEL	LICENSE PLATE	LICENS	E STATE
IPLOYER / BUSINESS ADDRESS  CITY  STATE  ZIP CODE  WALL ADDRESS  PHONE  Or my co-workers, will be/ was in sole possession of the above described vehicle from  Section 5 — Maintenance Description  SCRIBE THE TYPE OF REPAIR WORK PREFORMED (ALL RECEIPTS FOR PARTS OR SUBLET LABOR MUST BE ATTACHED)  We) Certify (or declare) under penalty of perjury under the laws of the State of Oregon, that I (we) will be working (worked) on the vehicle listed above and that the information I have provided is true and accurate.	HICLE COLOR			HANDSET	CAMERA	BLOCKER
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