OREGON IGNITION INTERLOCK DEVICE OVERSIGHT PROGRAM
MOBILE SERVICE CENTER APPLICATION

OREGON STATE POLICE
IGNITION INTERLOCK DEVICE PROGRAM

Section 1 – Mobile Service Center Information

SELECT ONE
Initial application ☐ Renewal ☐ Revised application ☐

ASSOCIATED SERVICE CENTER NAME			
STREET ADDRESS	CITY	STATE	ZIP
COUNTY	EMAIL ADDRESS	PHONE	
MANUFACTURER'S REPRESENTATIVE	PROJECTED START DATE		

Section 2 – Vehicle Information

VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	VEHICLE COLOR	LICENSE PLATE	STATE
VEHICLE IDENTIFICATION NUMBER (VIN)	INSURANCE COMPANY	POLICY NUMBER	EXPIRATION DATE		
VEHICLE REGISTRATION ADDRESS	CITY	STATE	ZIP		
MANUFACTURER'S REPRESENTATIVE LOGO/DECAL AFFIXED TO VEHICLE ☐ Yes ☐ No	LOCATION OF LOGO/DECAL				

Section 3 – Driver / Technician Information

OPERATOR NAME	OREGON DRIVER LICENSE	☐ Driver	☐ IID Technician
STREET ADDRESS	CITY	STATE	ZIP
COUNTY	EMAIL ADDRESS	PHONE	
ADDITIONAL OPERATOR NAME	OREGON DRIVER LICENSE	☐ Driver	☐ IID Technician
STREET ADDRESS	CITY	STATE	ZIP
COUNTY	EMAIL ADDRESS	PHONE	

Mobile Service Center Additional Driver Form (257-002a1) Attached? ☐

Section 4 – Certification and Signature

I certify the above information I have provided is true and accurate.

MANUFACTURER'S REPRESENTATIVE PRINT NAME	MANUFACTURER'S REPRESENTATIVE SIGNATURE	DATE

OSP USE ONLY

MOBILE SERVICE CENTER ☐ Approved ☐ Denied	OPERATOR ☐ Approved ☐ Denied	ADDITIONAL OPERATOR ☐ Approved ☐ Denied
REVIEWER NAME	DATE	
COMMENTS	SERVICE CENTER CERTIFICATION NUMBER	