



STATE OF MICHIGAN  
 JOCELYN BENSON, SECRETARY OF STATE  
 DEPARTMENT OF STATE  
 LANSING

## APPLICATION FOR BAID INSTALLER CERTIFICATION

Please type or print legibly. Incomplete applications will be returned unprocessed.

Original Application       Renewal Application

<b>Name:</b> (First)	(Middle)	(Last)	<b>Date of Birth:</b> (Month) (Day) (Year)	
<b>Home Address:</b> (Street)	(City)	(MI)	(Zip)	
<b>Email Address:</b>			<b>Phone Number:</b>	
<b>Michigan Driver License Number:</b>			<b>Mechanic Number (if known):</b>	
<b>Name of Ignition Interlock Manufacturer(s) you will be installing for:</b>				

Have you been convicted of an alcohol-related driving offense in this or any other state within the last 5 years?  
 YES       NO

Have you been convicted of a felony in this or any other state within the last 5 years?     YES     NO

You must submit a criminal history background check certified by the Michigan State Police and dated within 30 days of this application. The I-CHAT background check can be obtained from following website:

<https://apps.michigan.gov/>

Did you include an I-CHAT Criminal History with this application?     YES     NO

### Certification and Signature:

I certify to the truth and accuracy of the representations made in this application, including all statements attached hereto. I hereby authorize the release of my driving record on file with the Michigan Department of State, and all criminal history information that pertains to me on file at the Michigan State Police Central Records Division or at any court of record.

Any misleading, incomplete, or false statement may be grounds for revocation, suspension, or denial of certification as a Michigan Breath Alcohol Ignition Interlock Device Installer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Completed applications must be submitted online by the Ignition Interlock Manufacturer.**

**Rev. 09/25/2023**