



STATE OF MICHIGAN
DEPARTMENT OF STATE
LANSING

HBAC Form 1

**REQUEST FOR AN ORDER/AUTHORIZATION TO REMOVE
BREATH ALCOHOL IGNITION INTERLOCK DEVICE**

**This form should only be used by individuals with one conviction of
Operating a Motor Vehicle with an Alcohol Content of .17 or more.**

Full Name _____
(Please print exactly as it appears on your driver's license or personal identification card issued by the State of Michigan.)

Street Address _____

City _____ State _____ ZIP Code _____ Birthdate _____

Michigan Driver's License Number _____ Telephone _____
(8 a.m. - 5 p.m.)

Attorney's Name _____ Bar Number P- _____
(If retained for this matter)

Attorney's Address _____

Attorney's Telephone _____ Attorney's Fax _____

My Period of License Restrictions is Completed (including any additional periods of suspension/restriction).

___I request an Order/Authorization to Remove Breath Alcohol Ignition Interlock Device and have enclosed an Ignition Interlock Report from the interlock vendor. I understand that the department will review the Ignition Interlock Report and if it reveals a blood alcohol level of 0.025 grams or higher per 210 liters of breath, I may receive an additional period of suspension. I also understand the department will mail an order after the review has been completed.

Signature _____ Date _____

PLEASE FORWARD THIS FORM AND IGNITION INTERLOCK REPORT TO:

**Michigan Department of State
Administrative Hearings Section
P.O. Box 30773 • Lansing, MI 48909-7696**

www.Michigan.gov/sos

**1-888-SOS-MICH
(1-888-767-6424)**

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