



Please return your completed form to:

The Registrar of Motor Vehicles
 Road Licensing and Safety Headquarters
 Department of Transportation
 P.O. Box 1320
 5015 - 49th St. Yellowknife NT X1A 2L9

Phone: (867) 767-9088 or toll free
 1-888-803-8773 Fax: 867-873-0120
ignitioninterlock@gov.nt.ca

**NWT ALCOHOL IGNITION INTERLOCK PROGRAM
 REQUEST FOR
 REGISTRAR'S REVIEW
 (PLEASE PRINT)**

TO BE COMPLETED BY THE APPLICANT:

Date of Application:	DD	MMM	YYYY
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APPLICANT INFORMATION	
Name: _____	Phone: _____
Address: _____ <small>Street NT Community Postal Code</small>	
Date of Birth: DD / MMM / YYYY	Email Address: _____
Reasons for requesting review (attach additional pages and supporting documents as required): _____ _____ _____ _____	
Declaration: The information provided in this form is true to the best of my knowledge. My \$200.00 non-refundable review fee is attached.	
Signature: _____	Date: _____

TO BE COMPLETED BY ROAD LICENSING AND SAFETY HEADQUARTERS:

- Under section 16 of the *Alcohol Ignition Interlock Device Program Regulations*, this **application is approved**.
- Under section 16 of the *Alcohol Ignition Interlock Device Program Regulations*, this **application is denied**.

Signature: _____ Date: _____