



For BMV Use Only	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Interlock Approval Date: _____	
Interlock Requirement End Date: _____	

**Department of the Secretary of State  
Bureau of Motor Vehicles**

**Petition for Early Reinstatement with Ignition Interlock Device**

**Please Note:** This petition will only be accepted if the following information is fully completed. Early reinstatement applies to driving privileges suspended for a second or subsequent intoxicant related offense. In order to be eligible for early restoration with ignition interlock all other requirements of restoration must be met. If a request for early restoration is denied, a person may request an administrative hearing before the Secretary of State pursuant to 29-A MRSA, § 111 and 2483 and Chapter 2 of the Rules of the Secretary of State.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**List Each Vehicle Owned, Leased, or Driven by the Operator: (use additional pages to list other vehicles if necessary.)**

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Registration #:** \_\_\_\_\_ **VIN #** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Registration #:** \_\_\_\_\_ **VIN #** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Registration #:** \_\_\_\_\_ **VIN #** \_\_\_\_\_

**I understand that, as long as I have an ignition interlock device restriction, I may not operate any vehicle that does not have a functioning ignition interlock device. I further understand that if I commit any violation of 29-A MRSA, § 2508 or Chapter 8 Rules for Ignition Interlock it will result in the immediate suspension of my driving privileges.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Rev. 09/2011**