Ç1	JPERIOR COURT OF CALIFORNIA, COUNTY OF	FOR COURT USE ONLY
اد	JI LINON COURT OF CALIFORNIA, COUNTY OF	
	STREET ADDRESS:	
	MAILING ADDRESS:	
	CITY AND ZIP CODE:	
	BRANCH NAME:	
	NAME OF DEFENDANT:	
	STREET ADDRESS:	
	MAILING ADDRESS:	
	CITY AND ZIP CODE:	
	HOME TELEPHONE NO.:	
	WORK TELEPHONE NO.: DRIVER'S LICENSE NO.:	
_	DAYLAG EIGENGE NO	-
	DATE OF COURT ORDER:	
	IGNITION INTERLOCK CALIBRATION VERIFICATION TAMPER REPORT	CASE NUMBER:
1.	Defendant's name:	
2.	Installer's name:	
	Address:	
	City, state, ZIP:	
3.	Telephone:	
ა.	Vehicles: Make Model Year Color License	Plate No. VIN
	a. ————————————————————————————————————	
4.	This is the six-month yearly report (if relevant).	
5.	Installation date: a. b.	C.
6.	Odometer reading: a. b.	C.
7.	Calibration setting: a. b.	c.
8.	Unit serial No.: a. b.	C.
9.	Program to end (date):	
10.		
11.		C.
12.		evidence of tampering.
	(Describe/additional comments):	
13.	Payment of \$ + sales tax \$ Total collected \$ a. Credit card	paid by
	b. Money order/cashier's check/certified check	
I de	 c Cash/personal check eclare under penalty of perjury under the laws of the State of California that the foregoing is true 	and correct
		and correct.
Dat	te:	
(SIGNATURE OF INSTALLER) DEFENDANT: Your next monitoring check is (date): the due date, the system will shut down and you will be unable to start your car. It will be your responsibility to have your car towe the calibration location.		system serviced within seven days of
You pay	ur next payment of \$ is due at the above monitoring check. Payment must be made in full yment is not made, the system may shut down and you may not be able to start your car. This vur responsibility. You may be required to make an additional payment for late payments.	
l a	cknowledge receipt of a copy of this form.	
Date:		

Distribution: Court, Manufacturer or Manufacturer's Agent, Defendant, Probation Department

(SIGNATURE OF DEFENDANT)