NMDOT TRAFFIC SAFETY DIVISION (TSD)

INSTRUCTIONS FOR COMPLETING APPLICATION FOR SUBSIDY
IGNITION INTERLOCK INDIGENT DEVICE FUND * UNDER SEC. 66-8-102.3 & 66-2-7.1 NMSA 1978
P.O. BOX 1149; SANTA FE, NM 87504 * (505) 827-0427 OR 1-800-541-7952

IF APPROVED, WHAT ARE THE IGNITION INTERLOCK DEVICE FUND BENEFITS?
If indigency is granted and provided that money is available in the Interlock Device Fund, the NMDOT Traffic Safety Bureau shall pay for one vehicle per offender, up to: $50.00 for the cost of installation; $30.00 monthly for verified active usage of the interlock device, and up to $50.00 for the cost of removal. The offender is responsible for all other charges associated with the installation, servicing and removal of the ignition interlock device. The interlock device fund fee collected by MVD shall not be imposed on an indigent person.

WHO QUALIFIES FOR BENEFITS FROM THE IGNITION INTERLOCK INDIGENT DEVICE FUND?
Individuals who are required, pursuant to convictions under Section 66-8-102 NMSA 1978 or adjudications on the basis of 32A-2-3 NMSA 1978 or NM driver's license revocations pursuant to the Provisions of the Implied Consent Act or as a Condition of Parole, to drive interlocked.

1. If applicant has been convicted in New Mexico for Driving While Intoxicated (DWI) and have been court ordered to a period of interlock.
2. If driver's license is revoked by the Motor Vehicle Division because of a DWI arrest and you can not drive legally without an Ignition Interlock.
3. If applicant has been ordered to drive interlocked as a condition of parole.

HOW DOES APPLICANT APPLY FOR ASSISTANCE?
Complete and submit the NMDOT Traffic Safety Division Application For Subsidy and provide proof of enrollment document (see below).

WHO QUALIFIES FOR BENEFITS FROM THE IGNITION INTERLOCK INDIGENT DEVICE FUND?

Step 1 - Instructions

Initial - First Time Applicant

If a first time applicant, complete and submit the NMDOT Traffic Safety Division Application For Subsidy. Have signature on application notarized by a notary public and attach relevant documents as required to avoid benefit denial or delays.

If benefits are approved, the application will stay on file for 1 year. If need to extend benefits after initial approval, see Step 2.

How will applicant know if they were approved for benefits?

If approved, the notice will indicate benefit effective dates. Eligibility for subsidy benefits will only apply during effective dates listed on letter.

TSD will notify MVD of the indigency status. As long as applicant obtains an ignition interlock license between the effective dates, MVD will not charge the interlock device fund fee.

Applicant will provide a copy of the notice to the Interlock Provider to obtain the eligible approved benefits. Applicant tracks indigency effective dates on notice as it is the applicant's responsibility to reapply in a timely manner so there is not a lapse in coverage.

If denied, the letter will list the reason(s) for denial. Applicant may reapply if later meets the statutory requirements.

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IF APPROVED

IF DENIED OR INCOMPLETE
# NMDOT TRAFFIC SAFETY DIVISION (TSD)
## APPLICATION FOR SUBSIDY

IGNITION INTERLOCK INDIGENT DEVICE FUND * UNDER SEC. 66-8-102.3 & 66-2-7.1 NMSA 1978
P.O. BOX 1149 * SANTA FE, NM 87504  * (505) 827-0427 OR 1-800-541-7952

## PART A: APPLICANT INFORMATION

Please print clearly or type / all items each section must be completed

<table>
<thead>
<tr>
<th>(1) Applicant Full Name (First, Mi, Last, Suffix (i.e., Jr., Sr.)</th>
<th>(2) Date of Birth</th>
<th>(3) Social Security Number</th>
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<thead>
<tr>
<th>(4) Driver License Number or State ID Number</th>
<th>(5) Issuing State</th>
<th>(6) Primary Telephone Number:</th>
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<table>
<thead>
<tr>
<th>(7) Mailing Address</th>
<th>(8) Secondary Telephone Number</th>
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<thead>
<tr>
<th>(9) City</th>
<th>(10) State</th>
<th>(11) Zip Code</th>
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## PART B: INDICATE IF DRIVER LICENSE HAS BEEN REVOKED AND IF REQUIRED TO BE INTERLOCKED BY PAROLE

(12) Date of MVD Revocation:  
(13) Date of Court Conviction:  
(14) Court Name:  
(15) Court City:  
(16) Court Case Number:

ATTACH A COPY OF THE JUDGEMENT & SENTENCE (J&S) FROM THE SENTENCING COURT FOR CURRENT DUI CONVICTION

(17) Have you been ordered as a condition of parole to drive with an interlock?  
Yes  No

ATTACH A COPY OF THE CERTIFICATE OF PAROLE IF REQUIRED TO BE INTERLOCKED AS A CONDITION OF PAROLE

## PART C: INDICATE QUALIFYING PUBLIC ASSISTANCE PROGRAM(S) AND SPECIFY ELIGIBILITY DATES

(18) TANF  GA  SNAP  SSI (Supplemental Security Income)  FDPIR

<table>
<thead>
<tr>
<th>(19) Eligibility From Date:</th>
<th>(20) Eligibility To Date:</th>
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MUST ATTACH PROOF OF ENROLLMENT IN ONE OF THE QUALIFYING PUBLIC ASSISTANCE PROGRAM(S)

## PART D: INDICATE IF A COURT, PROBATION OR PAROLE DETERMINED CLIENT INDIGENT FOR INTERLOCK

(21) INDIGENT BY A NM COURT, PROBATION OR PAROLE PRIOR TO 7/1/2010 FOR INTERLOCK PURPOSES

<table>
<thead>
<tr>
<th>(22) Case # on Court Order:</th>
<th>(23) Date on Court Order:</th>
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MUST ATTACH A COPY OF THE COURT ORDER SPECIFYING INDIGENCY, IF DETERMINED INDIGENT PRIOR TO 7/1/10

## PART E: INDICATE WHETHER THE IGNITION INTERLOCK DEVICE IS CURRENTLY INSTALLED IN VEHICLE(S)?

<table>
<thead>
<tr>
<th>(24) Date Interlock Installed:</th>
<th>(25) Ignition Interlock Company Name / City:</th>
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## PART F: AGREEMENT, SIGNATURE AND NOTARIZATION

I understand that false and misleading information in this application can be the basis for denial of this Application.

If this Application is approved, I understand that I must install and maintain the ignition interlock device according to Sec. 66-5-503 NMSA 2003 ignition interlock license requirements and Sec. 66-8-102.3 NMSA 2010 Interlock Device Fund. The Division may consider any deviation to be a breach of the agreement which could result in revocation of assistance from the Interlock Device Fund.

I agree to notify the Division within ten (10) business days of any change to any information in this application.

By signing this form, I hereby acknowledge acceptance and understanding of the above statements. Additionally, I certify under penalties of perjury that all information in this Application is true, correct and complete to the best of my knowledge and belief.

(26) Applicant Signature  (27) Date

Applicant signature must be notarized or application will not be considered

The foregoing instrument was acknowledged before me this _____ day of ___________ 20______ by ____________________.

Notary Public Signature  My Commission Expires: _______________________

Instructions for completing this application and indigent benefits are on the back of this document or on a separate page depending on printing options.