



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 alcohol 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 \_\_\_\_\_

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