



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 that occurred after August 31, 2008. 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