



OKLAHOMA IGNITION INTERLOCK MECHANIC'S AFFIDAVIT

PARTICIPANT INFORMATION

Name Date of birth Case number

Mailing address City State Zip code

() _____ () _____
Home telephone Other telephone DL state DL number

VEHICLE INFORMATION

Year Make Model VIN

Tag state Tag number

***By my signature below and in accordance with Title 12 O.S. Section 426,
"I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct."***

I hereby attest to the fact that I worked on the vehicle listed above and any violation(s) recorded by the ignition interlock device were incidental to the work performed. Describe the type of repair work performed (all receipts for parts or sublet labor must be attached) and how your actions resulted in the ignitioninterlock device recording a violation:

This section to be completed if the Participant performed the repair work
This section must be notarized to be valid

Participant's signature

Subscribed and sworn to before me this ____ day of _____

Notary Public _____ My Commission Expires _____

This section to be completed if a Mechanic performed the repair work

I, or my coworkers, were in sole possession of the above described vehicle from _____ to _____
Date and time Date and time

Mechanic's name Employer name

Employer's address City State Zip code

() _____
Employer's telephone Mechanic's signature Date