

Early Reinstatement With IID Installation for Wet Reckless W/Priors

New Legislation

Effective January 1, 2012, new legislation amends *California Vehicle Code (CVC)* §13353.3 to allow individuals convicted of up to two “wet reckless” (CVC §23103, disposition code “R”) violations to end their one-year Administrative Per Se (APS) driver license suspension after 90 days and apply for a restriction, if certain requirements are met. Requirements include installation of a certified ignition interlock device (IID) on vehicles they own or operate.

Notification

The Department of Motor Vehicles (DMV) will notify all eligible offenders convicted of a wet-reckless offense of the early reinstatement option and provide them with the contact information for all IID manufacturers currently authorized in California.

Requirements

Eligible drivers **must** provide DMV all of the following to reinstate their driving privilege and obtain an IID-restricted driver license:

- Verification of Installation Ignition Interlock (DL 920, REV. 11/2010) (sample attached).
- Proof of Financial Responsibility (SR 22).
- Proof of Enrollment Certificate (DL 107) **or** Notice of Completion Certificate (DL 101) of an approved nine-month alcohol treatment program (enrollment, participation, and completion of the program shall be subsequent to the current violation).
- \$40 administrative service fee (ASF), \$15 optional restriction fee, and all applicable reissue fees.

Upon receipt of all required documents and fees, DMV will reinstate the APS suspension action and update an IID restriction. The IID restriction will remain in effect until the original suspension period ends **and** until proof of completion of a DUI program (9 months or longer) has been provided.

IID Non-compliance

The *California Code of Regulations* require installers to submit an Ignition Interlock Notice of Removal (DL 922) form to DMV within three working days of removing an IID from a vehicle and a Notice of Non-Compliance Ignition Interlock (DL 921) within three working days if the device indicates that the participant has attempted to remove, bypass, or tamper with the device, or if the participant fails three or more times to comply with any maintenance or calibration requirements.

DMV will immediately terminate the restriction and suspend the driving privilege upon receipt of notification (DL 921 or DL 922) from the IID installer that a customer failed to comply or removed the IID early with any of the IID program requirements. The remainder of the original APS suspension period will be imposed.

Requirements, *continued*

DUI Program Non-compliance

DMV will immediately terminate the restriction and suspend the driver's driving privilege upon receipt of Notice of Non-Compliance (DL 101A) from the DUI program provider indicating the person has failed to comply with the program requirements.

The remainder of the original APS suspension period will be imposed.

Driver Eligibility

To check a driver's eligibility for IID installation or removal, IID installers can use existing inquiry procedures by faxing a completed Ignition Interlock Device (IID) Installation & Removal Request (DL 925, REV. 3/2011) (sample attached) to the Mandatory Actions Unit (MAU) at (916) 657-9042 (this fax line is for IID installers only) or by calling the IID installer dedicated telephone number.

Future Revision of the DL 920 Form

The DL 920 will be revised in the future to reflect the new required \$40 ASF for wet-reckless offenders that take advantage of early reinstatement. Until then, installers should utilize the current DL 920 for these customers.

Background

Under current laws, driving under the influence (DUI) offenders (alcohol-only, no drugs) with a prior DUI-related conviction have the option to end their one-year APS suspension after 90 days by participating in the IID program. However, individuals convicted of a wet-reckless with one or two prior alcohol-related offenses do not have the same option, even though a wet-reckless is considered a less serious offense. The provisions of the new legislation are intended to correct this inequity.

Distribution

Notification that this memo is available online at www.dmv.ca.gov/pubs/olin was made via California DMV's Automated E-mail Alert Service in January 2012 to the following:

- Ignition Interlock Device Program Providers

Contact

IID installers may contact the Driver Licensing MAU at (916) 657-6525 for information regarding this program.



MARY GARCIA, Chief
Occupational Licensing

Attachments (2)



NOT VALID WITHOUT
MANUFACTURER'S STAMP

**VERIFICATION OF INSTALLATION
IGNITION INTERLOCK**
(See back for instructions)

DRIVER LICENSE NUMBER

SECTION I DRIVER INFORMATION

DRIVER'S NAME (FIRST, MIDDLE, LAST)		SUFFIX (JR., SR., III)
MAILING ADDRESS (STREET)		APARTMENT/SPACE NUMBER
CITY	STATE	ZIP CODE
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		APARTMENT/SPACE NUMBER
CITY	STATE	ZIP CODE
BIRTH DATE (MONTH, DAY, YEAR) / /	HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()

SECTION II MANUFACTURER/FACILITY INFORMATION The following facility installed this device manufactured by:

MANUFACTURER			
FACILITY NAME		BUREAU OF AUTOMOTIVE REPAIR NUMBER	
FACILITY ADDRESS (STREET)	CITY	STATE	ZIP CODE

SAMPLE

SECTION III IGNITION INTERLOCK DEVICE INFORMATION

DATE OF INSTALLATION	DATE OF NEXT MONITOR CHECK (OPTIONAL)
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SECTION IV VEHICLE INFORMATION An ignition interlock device was installed on the following vehicle:

VEHICLE MAKE	YEAR	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
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SECTION V FACILITY USE ONLY

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

INSTALLER'S PRINTED NAME	DAYTIME TELEPHONE NUMBER ()
INSTALLER'S SIGNATURE X	DATE

DISTRIBUTE COPIES AS FOLLOWS:

Original: Mail this original document with the appropriate fee, if required (see "NOTE" on back), to:

Department of Motor Vehicles
Mandatory Actions Unit, M/S J233
P.O. Box 942890
Sacramento, CA 94290-0001,

or submit the original document with the fee to the nearest DMV office.

- Photocopy:** Driver
- Photocopy:** Installer
- Photocopy:** Manufacturer or Manufacturer's Agent



IGNITION INTERLOCK DEVICE (IID) INSTALLATION & REMOVAL REQUEST

925

CLEARLY PRINT information and fax to DMV at (916) 657-9042

SECTION 1 — DRIVER INFORMATION

DRIVER LICENSE NUMBER	BIRTH DATE (MM/DD/YYYY)	
_____	_____	_____
FULL NAME (LAST NAME)	FIRST NAME	MIDDLE NAME
_____	_____	_____

SECTION 2 — INSTALLER INFORMATION

DATE OF REQUEST (MM/DD/YYYY)	REQUEST IS FOR:		
_____	<input type="checkbox"/> Installation <input type="checkbox"/> Removal		
IID INSTALLER NAME	INSTALLER LICENSE NO.:		
_____	_____		
STREET ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____
CONTACT NAME			

PHONE NUMBER	Ext	FAX NUMBER	
() _____	_____	() _____	

FOR DMV USE ONLY — ELIGIBILITY FOR INSTALLATION OR REMOVAL

For IID Installation

For IID Removal

ELIGIBLE ON	NUMBER OF MONTHS IID REQUIRED	ELIGIBLE ON
Submit <input type="checkbox"/> DL 920 <input type="checkbox"/> DL 924 <input type="checkbox"/> ID-110		<input type="checkbox"/> No, not eligible
<input type="checkbox"/> No, not eligible <input checked="" type="checkbox"/> Court ordered		

Unsigned requests are only entitled to the information above.

SECTION 3 — DRIVER AUTHORIZATION

I hereby authorize the Department of Motor Vehicles to provide the information listed below for a full assessment of the IID eligibility requirements to:

NAME OF IID INSTALLER	DRIVER'S SIGNATURE	DATE
_____	X	_____

FOR DMV USE ONLY — ADDITIONAL REQUIREMENTS

If not eligible for IID installation, driver needs: <input type="checkbox"/> Suspension/Revocation not completed <input type="checkbox"/> Enrollment for _____-month program <input type="checkbox"/> Completion of 12 months of 18-month program <input type="checkbox"/> Completion of 12 months of 30-month program <input type="checkbox"/> SR 22 proof of financial responsibility <input type="checkbox"/> _____ Fee \$ _____ <input type="checkbox"/> Other outstanding action: customer must contact DMV at (916) 657-6525 for additional information <input type="checkbox"/> This request contains insufficient/incorrect information. Please provide items checked above and resubmit. <input type="checkbox"/> _____	If not eligible for IID removal, driver needs: <input type="checkbox"/> Completion of _____-month program <input type="checkbox"/> IID term not completed <input type="checkbox"/> Contact county court (see below) <input type="checkbox"/> Other: _____
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MAU Technician ID _____ Date Faxed to Installer _____

This information is intended only for the use of the IID Installer to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this in error, please notify us immediately at (916) 657-8739.