

NAME OF PROBATIONER/DEFENDANT: \_\_\_\_\_

DOCKET/SCI NUMBER: \_\_\_\_\_

(PROBATION) CASE NUMBER: \_\_\_\_\_

**SPECIAL CONDITIONS FOR THE IGNITION INTERLOCK PROGRAM  
OFFENDER-OWNED BUSINESS VEHICLE(S)**

The above-named (probationer) (defendant) being an owner of, a partial owner of, or having  
controlling interest in a business having the name of \_\_\_\_\_

shall have an ignition interlock device installed in any business-owned vehicle that he/she intends to  
operate within the scope of such employment for business purposes only. The vehicle(s) listed below  
is/are operated by the (probationer) (defendant) within the scope of such employment.

**Vehicle #1**

**Vehicle #2**

Owner: \_\_\_\_\_ Owner: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Model: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Color: \_\_\_\_\_

V.I.N.: \_\_\_\_\_ V.I.N.: \_\_\_\_\_

Plate Number: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

**Vehicle #3**

**Vehicle #4**

Owner: \_\_\_\_\_ Owner: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Model: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Color: \_\_\_\_\_

V.I.N.: \_\_\_\_\_ V.I.N.: \_\_\_\_\_

Plate Number: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Company: \_\_\_\_\_