

**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

Owner: _____
Vehicle Make: _____
Model: _____
Year: _____
Color: _____
V.I.N.: _____
Plate Number: _____
Insurance Company: _____

Vehicle #2

Owner: _____
Vehicle Make: _____
Model: _____
Year: _____
Color: _____
V.I.N.: _____
Plate Number: _____
Insurance Company: _____

Vehicle #3

Owner: _____
Vehicle Make: _____
Model: _____
Year: _____
Color: _____
V.I.N.: _____
Plate Number: _____
Insurance Company: _____

Vehicle #4

Owner: _____
Vehicle Make: _____
Model: _____
Year: _____
Color: _____
V.I.N.: _____
Plate Number: _____
Insurance Company: _____