



NSW Centre for  
Road Safety



New South Wales Government



# Alcohol Interlock Program

Driver licence election and privacy declaration

## To complete this declaration:

- STEP 1** Read carefully each of the requirements for Interlock driver licence holders and initial each requirement.
- STEP 2** Ask the motor registry officer to complete the dates on the back of this form.
- STEP 3** Sign the declaration if you elect to participate in the Alcohol Interlock Program and to hold a class 'C' interlock driver licence. Give the signed declaration to the motor registry officer.

Participant to initial each statement in the column on the right

Participant's  
initial

I acknowledge I have received and read the *Alcohol Interlock Program information package for participants* and I agree to comply with the conditions of the program. In particular I note that as a holder of an interlock driver licence:

1. I must not drive a motor vehicle with a blood alcohol concentration of 0.02 or more grams of alcohol per 100 mls of blood.
2. I must ensure that maintenance is carried out on the approved Interlock device by the approved Interlock service provider at such intervals as may be specified by the Authority.
3. I must not, without the approval of the Authority, remove or cause or permit to be removed, the approved interlock device from the motor vehicle.
4. I must not drive the motor vehicle if I know, or could reasonably be expected to know, that the approved interlock device installed in it is not functioning properly.
5. I must use the approved interlock device in accordance with any manufacturer's instructions supplied to me relating to proper use of the device.
6. I must not interfere, or cause or permit any person (other than an approved Interlock installer or approved interlock service provider installing, maintaining or removing the approved Interlock device) to interfere with the proper operation of the device.
7. While the licence is in force, I must, at my own cost, attend medical consultations for the purpose of counselling with respect to the consumption of alcohol at such intervals as may be specified by the Authority.
8. I must give written authority for the Authority (or such persons as may be nominated by the Authority) to provide any data or other information collected by an approved interlock device fitted to a motor vehicle driven by me to such persons carrying out functions for the purposes of the Alcohol Interlock Program as the Authority considers appropriate.
9. If required to do so by the Authority by a notice in writing, I must produce to the Authority (or a person nominated by the Authority) for inspection and testing any motor vehicle driven by me in which an approved interlock device is installed within the time and at the place specified by the Authority in the notice.
10. I must permit the police officer to inspect an approved interlock device installed in a motor vehicle if requested to do so by a police officer.
11. I must bear all costs in relation to installation, servicing and maintenance and removal of the device. Financial assistance may be available to assist low income interlock participants with the costs of servicing and removal of the interlock device.
12. The approved Interlock device is programmed to electronically record all information, including corresponding blood alcohol levels, relating to attempts to start the vehicle, running retests etc. Throughout the interlock participation period my personal information, and information on any other user of this device, may be disclosed to approved Interlock installers, approved interlock service providers, approved interlock program managers, approved interlock central data controllers located in Toronto, Canada (Guardian WR2) as part of my participation in the Alcohol Interlock Program. I must supply the information under the *Road Transport (Driver Licensing) Act 1998* and the *Road Transport (Driver Licensing) Regulation 1999*.
13. I am aware that should I incur a period of suspension during the interlock participation period the Interlock driver licence condition will be extended for the period of this suspension.
14. I am also aware that if I fail to complete the interlock participation period I will be required to serve the remainder of the full disqualification period (that is, the original disqualification period for this offence minus any period of disqualification I have served to date).
15. I must renew my licence before it expires otherwise I will cease to participate in the Alcohol Interlock Program and the Authority will automatically reimpose the balance of my full disqualification period.

You are required to participate in the Alcohol Interlock Program and hold a class 'C' interlock driver licence for the following period.

From	To (inclusive)
Day Month Year	Day Month Year

Or until

Day Month Year
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(Motor registry officer please complete above details)

### Declaration for election to participate in Alcohol Interlock Program – applicant

Your personal information is collected and held by the:

Roads and Traffic Authority (RTA)

Level 9

101 Miller Street

North Sydney NSW 2060

I declare that the details in this application are true and complete.

I understand that:

My personal information will be collected as part of my confirmation for participation in the **Alcohol Interlock Program**. I must supply the information under the *Road Transport (Driver Licensing) Act 1998*. Failure to supply full details and sign this declaration can result in the transaction not proceeding.

Your personal information and information on any other user of this device held by the Authority may be disclosed inside and outside NSW to driver licensing and vehicle registration agencies, law enforcement agencies, for the administration of driver licensing and vehicle registration legislation and law enforcement. You have a right to access or correct your personal information in accordance with the provisions of the relevant privacy legislation.

I elect to participate in the Alcohol Interlock Program and hold a class 'C' interlock driver licence for the interlock participation period.

Full name of applicant

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Address

Postcode

NSW licence/customer number

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Signature

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Date

Day Month Year
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### OFFICE USE ONLY

Signature of RSO

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Motor registry

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Date

Day Month Year
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Motor registry stamp

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A copy of this form is to be handed to the licensee