



State of New Mexico - Department of Transportation
 Traffic Safety Division (TSD)
 INSTRUCTIONS FOR APPLICATION
 IGNITION INTERLOCK INDIGENT DEVICE FUND
 Under Sec. 66-8-102.3 & 66-2-7.1 NMSA 1978
 (Effective July 1, 2010)

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1 - IGNITION INTERLOCK FUND BENEFITS

If Indigency is granted and provided that money is available in the Interlock device fund, the NMDOT Traffic Safety Bureau shall pay for one vehicle per offender, up to: \$50.00 for the cost of installation, \$30.00 monthly for verified active usage of the interlock device, and up to \$50.00 for the cost of removal. The offender is responsible for all other charges associated with the installation, servicing and removal of the ignition interlock device. The interlock device fund fee collected by MVD shall not be imposed on an indigent person.

2 - WHO QUALIFIES FOR BENEFITS FROM THE INTERLOCK DEVICE FUND ?

Individuals who are required, pursuant to convictions under Section 66-8-102 NMSA 1978 or adjudications on the basis of 32A-2-3 NMSA 1978 or NM driver's license revocations pursuant to the Provisions of the Implied Consent Act or as a Condition of Parole, to drive interlocked.

- 1) If you have been convicted in New Mexico for Driving Under the Influence of Intoxicating Liquor or Drugs (DUI) and have been court ordered to a period of interlock.
- 2) If your driver's license has been revoked by the Motor Vehicle Division because of a DUI arrest and you can not drive legally without an Ignition Interlock.
- 3) If you have been ordered to drive interlocked as a condition of parole.

3 - HOW DO I QUALIFY FOR AN INDIGENCY DETERMINATION ? (APPLICATION PARTS C AND D)

INDIGENCY DETERMINATION BY TRAFFIC SAFETY DIVISION BEGINNING JULY 1, 2010:

Indigency shall be determined by the Traffic Safety Division based on applicant's proof of enrollment in one or more of the following types of public assistance:

PUBLIC ASSISTANCE PROGRAMS:	PROOF OF ENROLLMENT DOCUMENT:
TANF - Temporary Assistance for Needy Families ➡	Notice of Approval or Form # ISDB003 from Income Support Division
GA - General Assistance ➡	Notice of Approval or Form # ISDB003 from Income Support Division
SNAP - Supplemental Nutritional Assistance Program (Food Stamps) ➡	Notice of Approval or Form # ISDB003 from Income Support Division
SSI - Supplemental Security Income ➡	Benefit Verification Letter from the Social Security Office
<i>Note: SSI is not Social Security Disability</i>	
FDPIR - Food Distribution Program on Indian Reservations ➡	TSD (FDPIR) Verification Form from FDPIR office

Applicants must provide the required **PROOF OF ENROLLMENT DOCUMENT** listed above with application - a print out of Benefit History will not be accepted.

INDIGENCY DETERMINATION BY COURT, PROBATION & PAROLE PRIOR TO JULY 1, 2010:

You may still qualify for benefits if you were previously declared indigent by Court, Probation and Parole prior to 7/1/10 and if it relates to your license revocation. You must provide a copy of the valid Indigency order and complete an application.

A valid indigency order must have client's name, be signed and dated by Judge, Probation or Parole and indicate indigency is for Ignition Interlock.

4 - HOW TO APPLY ?

- 1) Complete application Parts A, B, C or D (whichever applies), & E, have signature notarized and attach relevant documents
- 2) Submit application to TSD

5 - HOW TO RECERTIFY (SECOND OR SUBSEQUENT APPLICANTS) ?

If you were previously declared indigent by the Traffic Safety Division you may recertify to extend your benefits from the indigent fund.

- 1) Complete application Parts A, C or D (whichever applies), & E, have signature notarized and attach relevant documents
- 2) Submit application to TSD

Applicants must provide current proof of enrollment from Public Assistance Program if declared indigent by TSD after 7/1/10.

6 - WHERE DO I SEND MY COMPLETED APPLICATION ?

(Incomplete applications will be returned to applicant. Also, TSD will not accept faxed or emailed applications)

IF MAILING APPLICATION, MAIL TO ▼ Traffic Safety Division Ignition Interlock Fund P.O. Box 1149 Santa Fe, NM 87504	Questions should be directed to: Traffic Safety Division (505) 827-0427 or 1-800-541-7952	IF DROPPING OFF APPLICATION: The office that serves all areas is located at: 1122 Cerrillos Road (SB1-N) Santa Fe, NM 87505
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7 - HOW WILL I KNOW IF I WAS APPROVED FOR BENEFITS ?

- 1) TSD will send letter informing applicant of the indigency status.
 - If approved, the letter will indicate benefit effective dates. You will be eligible for subsidy benefits during these effective dates.
 - If denied, the letter will list the reason(s) for denial. You may reapply if you later meet the statutory requirements.
 - If incomplete, the notice will list the reason(s) application is incomplete. If information is obtained resubmit application for reconsideration.
- 2) If approved, provide a copy of your approval letter to the Ignition Interlock Provider so you can receive eligible benefits.
- 3) If approved, TSD will notify MVD of your indigency status. As long as you obtain your initial ignition interlock license between the effective dates, MVD will not charge the interlock device fund fee.

Web link to information and applications: <http://dot.state.nm.us/> (Then select Traffic Safety under News & Information)



State of New Mexico - Department of Transportation
 Traffic Safety Division (TSD)
APPLICATION FOR SUBSIDY
IGNITION INTERLOCK INDIGENT DEVICE FUND
 Under Sec. 66-8-102.3 & 66-2-7.1 NMSA 1978
 All information provided is protected under Motor Vehicle Code Confidentiality

Applicant signature must be notarized
 Please print clearly or type / all items must be completed

TSD USE ONLY - IIOF Rev 11.21.13	
Refund: <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> I	2SEQ#
Apvd By:	
From:	
To:	
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> I	1SEQ#

PART A: APPLICANT INFORMATION

Applicant Name	Date of Birth	Social Security Number
Applicant Address	Driver License Number or NM State Identification Number	
Mailing Address (if different)	Telephone Number	
City	State	Zip Code

PART B: IF YOU ARE A FIRST TIME APPLICANT, COMPLETE PARTS B, C or D (whichever applies) & E

Has your license been revoked by MVD? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Revocation:
If you have been convicted of DUI in NM Court enter current conviction information	Date of Conviction:
Court / City	Court Case Number

If you were convicted by a NM Court, attach a copy of your Judgement & Sentence from court.

Have you been ordered as a condition of <i>parole</i> to drive with an interlock? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervising Officer:
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If you are required to be interlocked as a condition of parole, attach a copy of your Certificate of Parole.

PART C: PUBLIC ASSISTANCE PROGRAM INFORMATION (TANF, GA, SNAP, SSI OR FDPIR)

Name of State or Federal Public Assistance Program applicant is currently enrolled in:	Effective Dates of Eligibility
<input type="checkbox"/> TANF <input type="checkbox"/> GA <input type="checkbox"/> SNAP <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> FDPIR	From: To:

Please attach proof of enrollment in one of the qualifying Public Assistance Programs (TANF, GA, SNAP, SSI OR FDPIR).

PART D: IF YOU WERE PREVIOUSLY DETERMINED TO BE INDIGENT BY A NM COURT, PROBATION & PAROLE OR TSD FOR PURPOSES OF INTERLOCK, COMPLETE PARTS C or D & E

Was I determined to be indigent by TSD after 7/1/10? <input type="checkbox"/> Yes <input type="checkbox"/> No	From Date:	To Date:
Was I determined to be indigent by Court, Probation & Parole prior to 7/1/10? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date on Order:	
Date Interlock Installed:	Ignition Interlock Provider / City:	

Please attach a copy of your Judgement & Sentence if new DUI case.

If determined to be indigent for ignition interlock benefits prior to 7/1/10, attach a copy of your Order Determining Indigency.

PART E: AGREEMENT, SIGNATURE AND NOTARIZATION

I understand that false and misleading information in this application can be the basis for denial of this Application.
 If this Application is approved, I understand that I must install and maintain the ignition interlock device according to Sec. 66-5-503 NMSA 2003 ignition interlock license requirements and Sec. 66-8-102.3 NMSA 2010 Interlock Device Fund. The Division may consider any deviation to be a breach of the agreement which could result in revocation of assistance from the Interlock Device Fund.
 I agree to notify the Division within ten (10) business days of any change to any information in this application.
 By signing this form, I hereby acknowledge acceptance and understanding of the above statements. Additionally, I certify under penalties of perjury that all information in this Application is true, correct and complete to the best of my knowledge and belief.

NOTARIAL
 SEAL

Applicant Signature (Applicant signature must be notarized)	Date:
The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by _____	
Notary Public Signature	Notary (Please print name)
	My Commission Expires: _____