## **IGNITION INTERLOCK DATA ACCESS AUTHORIZATION**



Wisconsin Department of Transportation SP 4011 9/2022

Agencies identified in ss. Trans 313.04(6)(b) may request access to ignition interlock data to assess court-order compliance. A separate form is required for each county that the agency provides services, where applicable. Additional users are to be listed on the reverse. Direct questions to via email: <u>BAIID@dot.wi.gov</u>.

DATA ACCESS AUTHORIZATION											
Agency Name			Primary Contact		Title		Office Pho	one Ext			
Street Address Suite			E-Mail Fax			Alternate Phone Ext		hone Ext			
City	State	Zip Code	Secondary Contact	+	Title		Office Pho	one Ext			
	Olaic		Secondary Contact	·	THE						
Agency Category	ncy Category Area or Region		E-Mail		Fax	AI	lternate P	hone Ext			
Service County	BAIID DATA SYSTEM(S) SEEKING ACCESS										
	ALL	INTOXAL	LOCK LIFESAFER LOW COST ROAD GUARD SMART START					T OTHER			
Name (Last, First, MI)	Phone	Ext	Fax	E-Mail		Alerts	Reports	WISDOT USE ONLY AUTHORIZATION & DATE			
1)						Yes	Yes				
2)			$\top$			Yes	Yes				
3)						Yes	Yes				
4)						Yes	Yes				
5)						Yes	Yes				
6)						Yes	Yes				
7)						Yes	Yes				
8)						Yes	Yes				
Applicant agrees:						·					
a) Authorized users will comply with employing agency policies regarding user data access and state of Wisconsin privacy laws;											
b) Authorized users will comply with data security requirements specified by each ignition interlock provider;											
c) WisDOT will be notified via email within 7 business days if authorized user leaves agency or no longer requires data access; and											
d) Agency will complete user verification requests within 10 business days											
Primary or Alternate Contact			Title		Date Submitted						



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ADDITIONAL APPLICANTS								
Name (Last, First, MI)	Phone	Ext	Fax	E-Mail		Alerts	Reports	WISDOT USE ONLY Authorization & Date
9)						Yes	Yes	
10)						Yes	Yes	
11)						Yes	Yes	
12)						Yes	Yes	
13)						Yes	Yes	
14)						Yes	Yes	
15)						Yes	Yes	
16)						Yes	Yes	
17)						Yes	Yes	
18)						Yes	Yes	
19)						Yes	Yes	
20)						Yes	Yes	
21)						Yes	Yes	
22)						Yes	Yes	
23)						Yes	Yes	
24)						Yes	Yes	
25)						Yes	Yes	
WISDOT USE ONLY								
		<b>C</b> -	nfirmation	Confirmation				
Confirmation	Confirmation				Confirmation			rmation
Agency Notify	Agency Notify	Ag	ency Notify	Agency Notify	Agency Notify		Agen	cy Notify
Form Archived	Form Archived	For	rm Archived	Form Archived	Form Archived		Form	Archived
				Notes:				
WisDOT Signature	Title		te Completed	Notes.				
	The	Da						