



South Carolina Department of Motor Vehicles

IGNITION INTERLOCK EMPLOYMENT EXEMPTION AFFIDAVIT

VS-004A
(Rev. 10/14)

FOR LAW ENFORCEMENT OFFICIALS: This Affidavit allows this person to drive an **employer-owned vehicle** not equipped with ignition interlock for employment purposes only. The vehicle must be in the company's name, not an individual's name. It cannot be used to drive a school bus, school vehicle, a vehicle designed to transport more than 15 passengers. **See Warnings on page 2.**

I certify that I will not drive a vehicle without an ignition interlock device unless it is a vehicle owned by the employer listed below and is being driven for employment purposes only. I also understand that I must have a copy of this form in my possession while operating the employer's vehicle.

Signature of Driver

Date

DRIVER INFORMATION (Type or print information)					
A	LAST NAME	FIRST NAME	MI	SUFFIX	DRIVER LICENSE #
	STREET ADDRESS				
	CITY	STATE		ZIP CODE	
EMPLOYER INFORMATION					
B	NAME OF EMPLOYER				
	ADDRESS				
	CITY	STATE		ZIP CODE	
	SUPERVISOR NAME, TITLE, AND DL#			TELEPHONE NUMBER OF SUPERVISOR	
VEHICLE INFORMATION					
C	List information on each vehicle this driver will operate for employment purposes				
	YEAR	MAKE/MODEL	VIN	LICENSE PLATE #	STATE
WORK/DRIVING SCHEDULE					
D	Explain how driver's position requires him/her to operate a company vehicle as part of his/her employment. Provide the territory or area in which they must drive, along with the days and hours they work.				
	DRIVER'S POSITION				
	TERRITORY/AREA		WORK DAYS & HOURS		
EMPLOYER AUTHORIZATION					
E	I hereby certify that the above named driver's job responsibilities require him/her to operate a company vehicle owned by _____				
	I am aware that s/he is currently restricted to drive vehicles equipped with an ignition interlock device and that the ignition interlock exemption is only valid for operating a company vehicle for business purposes and not for personal use. I certify that the employing business is not owned in whole or part by the driver or a member of his/her household or immediate family. I affirm that the statements made herein are true and correct, subject to penalties of South Carolina law.				
	_____ Signature of Supervisor or officer of the company				
	State of _____ County of _____				
	SWORN TO and subscribed before me This _____ day of _____, 20 _____				
NOTARY PUBLIC FOR SOUTH CAROLINA					
My Commission expires: _____					
THE BELOW INFORMATION IS FOR DMV OFFICE USE ONLY					
_____ Signature of DMV Driver Records employee who authorized affidavit			_____ Date		

**Please return completed form to -
SC Department of Motor Vehicles, PO Box 1498, Blythewood, SC 29016**



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WARNING

Pursuant to code section 56-5-2941(J) the Employment Exemption Affidavit allows an individual who holds an ignition interlock license to drive an **employer-owned vehicle** not equipped with ignition interlock for work purposes only. The Employment Exemption Affidavit cannot be used:

- To drive a school bus, school vehicle, or a vehicle designed to transport more than 15 passengers;
- If the employer-owned motor vehicle is owned by an entity which is wholly or partially owned by the person holding the ignition interlock license.
- If the employer-owned vehicle is made available to the employee for personal use.

The Employment Exemption Affidavit must be completed **in its entirety** and be in the driver's possession while operating an employer-owned vehicle not equipped with ignition interlock. If driver does not have a completed Employment Exemption Affidavit in their possession they can be cited for driving without an ignition interlock.

INSTRUCTIONS

This form must be completed by the employer.

SECTION A – DRIVER INFORMATION

- Please type or print information as it appears on the employee's driver's license.

SECTION B – EMPLOYER INFORMATION

- Provide name and address of your business.
- Provide name and phone number of driver's immediate supervisor.

SECTION C – VEHICLE INFORMATION

- Provide information on all employer-owned vehicles that the driver may operate during their normal course of business. (Attach additional pages if needed.)

SECTION D – WORK/DRIVING SCHEDULE

- Provide detailed information on how the driver's position with your company requires him/her to drive an employer' owned vehicle.
- Provide detailed information on where the driver is required to drive for employment purposes.
- Provide the driver's work days and work hours.
- (Attach additional pages if needed.)

SECTION E – EMPLOYER AUTHORIZATION

- Form must be signed by an officer of the company or immediate supervisor.

**Please return completed form to -
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