

If you have a medical condition that you feel prevents you from being able to properly operate an Ignition Interlock Device (IID), complete section I below. Once completed, you must have a Pulmonary Physician complete section II. Once section II is completed, you must submit the form to a vendor from the list of vendors pre-approved by the South Carolina Department of Probation, Parole and Pardon Services (PPP) for determination of your ability to operate a vehicle equipped with an IID.

SECTION I – DRIVER INFORMATION					
LAST NAME	FIRST NAME	MI	SUFFIX	DRIVER LICENSE #	
STREET ADDRESS					
CITY	STATE			ZIP CODE	
SECTION II – PULMONARY PHYSICIAN CERTIFICATION					
PHYSICIAN NAME			Ρ	ROFESSIONAL LICENSE #	
Signature of Pulmonary Physician				Date	
In your medical opinion does the driver mentioned in Section I above demonstrate normal lung capacity to successfully blow into a device for 5 seconds?					
☐ Yes ☐ No					
If not, does the driver mentioned in Section I above demonstrate enough lung capacity to successfully blow into a device for 2.5 seconds?					
Yes No					
SECTION III – VENDOR CERTIFICATION					
VENDOR NAME				TELEPHONE NUMBER	
VENDOR REPRESENTATIVE					
Status of Driver Request					
Driver was unable to successfully provide a measurable breath sample for the IID					
Driver was able to successfully provide a measurable breath sample for the IID. Customers who are able to provide a measurable breath sample must have the IID installed in a vehicle.					
Signature of Vendor Representative				Date	