



# NMDOT TRAFFIC SAFETY DIVISION (TSD)

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR SUBSIDY

IGNITION INTERLOCK INDIGENT DEVICE FUND \* UNDER SEC. 66-8-102.3 & 66-2-7.1 NMSA 1978

P.O. BOX 1149; SANTA FE, NM 87504 \* (505) 827-0427 OR 1-800-541-7952

### IF APPROVED, WHAT ARE THE IGNITION INTERLOCK DEVICE 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.

### WHO QUALIFIES FOR BENEFITS FROM THE IGNITION INTERLOCK INDIGENT 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.

- ➔ If applicant has been convicted in New Mexico for Driving While Intoxicated (DWI) and have been court ordered to a period of interlock.
- ➔ If driver's license is revoked by the Motor Vehicle Division because of a DWI arrest and you can not drive legally without an Ignition Interlock.
- ➔ If applicant has been ordered to drive interlocked as a condition of parole.

### HOW DOES APPLICANT APPLY FOR ASSISTANCE?

Complete and submit the NMDOT Traffic Safety Division Application For Subsidy and provide proof of enrollment document (see below) Incomplete applications will be returned to applicant. Also, TSD will not accept faxed or emailed applications. See below for address information.

#### STEP 1 - INSTRUCTIONS INITIAL - FIRST TIME APPLICANT

If a first time applicant, complete and submit the NMDOT Traffic Safety Division Application For Subsidy. Have signature on application notarized by a notary public and attach relevant documents as required to avoid benefit denial or delays. If benefits are approved, the application will stay on file for 1 year. If need to extend benefits after initial approval, see STEP 2.

#### STEP 2 - INSTRUCTIONS

#### RECERTIFICATION - SECOND OR SUBSEQUENT APPLICANT

If recertifying indigent status which means applicant was previously approved based on an application submitted less than one year ago, then applicant will **not** need to fill out a new application. Applicant will instead submit a copy of the current proof of enrollment document (see below). If the approved application on file with TSD is over 1 year, a new application will be required. If unsure, call TSD to determine if new application is needed.

### WHAT ASSISTANCE DOCUMENT MUST BE PROVIDED WITH APPLICATION?

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

**Applicaton will be denied if current proof of enrollment document is not provided.**

#### PUBLIC ASSISTANCE PROGRAMS:

- TANF - Temporary Assistance for Needy Families ➔
- GA - General Assistance ➔
- SNAP - Supplemental Nutritional Assistance Program (Food Stamps) ➔
- SSI - Supplemental Security Income ➔
- FDPIR - Food Distribution Program on Indian Reservations ➔
- OI - Indigency Determination prior to 2010 from a NM Court, Probation or Parole specifically for Ignition Interlock Purposes if relates to current license revocation ➔

#### PROOF OF ENROLLMENT DOCUMENT:

- Notice of Approved Case Action, Form # ISDB003 or other benefit verification from Income Support Division
- Benefit Verification Letter from the Social Security Office  
**Note: SSI is not Social Security Disability**
- TSD (FDPIR) Verification Form from FDPIR office
- Valid Indigency Order from a NM Court, Probation or Parole dated prior to July 1, 2010. Applicant must also complete the NMDOT Traffic Safety Division Application for Subsidy. 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.

### WHERE DOES APPLICANT SEND COMPLETED APPLICATION?

#### MAILING ▼

Traffic Safety Division Ignition Interlock Fund  
P.O. Box 1149  
Santa Fe, NM 87504

Web Link to Application and Instruction Page

<http://dot.state.nm.us>  
Select Traffic Safety under News & Information  
(505) 827-0427 or 1-800-541-7952

#### DROPPING OFF ▼

The office that serves all areas is located at:  
1122 Cerrillos Road (SB1-N)  
Santa Fe, NM 87505

### HOW WILL APPLICANT KNOW IF THEY WERE APPROVED FOR BENEFITS?

TSD will send a notice to the mailing address listed on application that informs applicant if indigency was approved, or if application was denied or was incomplete

#### IF APPROVED

- ➔ The notice will indicate benefit effective dates. Eligibility for subsidy benefits will only apply during effective dates listed on letter.
- ➔ TSD will notify MVD of the indigency status. As long as applicant obtains an ignition interlock license between the effective dates, MVD will not charge the interlock device fund fee.
- ➔ Applicant will provide a copy of the notice to the Interlock Provider to obtain the eligible approved benefits. Applicant tracks indigency effective dates on notice as it is the applicant's responsibility to reapply in a timely manner so there is not a lapse in coverage.

#### IF DENIED OR INCOMPLETE

- ➔ If incomplete, the notice will list the reason(s) application is incomplete. If information is requested by TSD the notice will identify what is missing. Once obtained applicant may resubmit for consideration.
- ➔ If denied, the letter will list the reason(s) for denial. Applicant may reapply if later meets the statutory requirements.

TSD USE ONLY		Date Stamp	Rev 03.21.17
LAST VALID APPL DATE:	No.		Refund: <input type="checkbox"/>
PREV IIDF APVL DATES:	No.		Apvd By:
MVD REVOCATION PERIOD:	J&S		From:
INTERLOCK LICENSE DATES:	Amt PD:		To:
PUBLIC ASST TYPE: TANF - GA - SNAP - SSI - FDPIR - OI	Verified with:		<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> I
PREV ASST TYPE/APVL DATES:	Filed w/No.		No.



**NMDOT TRAFFIC SAFETY DIVISION (TSD)  
APPLICATION FOR SUBSIDY**

IGNITION INTERLOCK INDIGENT DEVICE FUND \* UNDER SEC. 66-8-102.3 & 66-2-7.1 NMSA 1978  
P.O. BOX 1149 \* SANTA FE, NM 87504 \* (505) 827-0427 OR 1-800-541-7952

**PART A: APPLICANT INFORMATION** *Please print clearly or type / all items each section must be completed*

(1) Applicant Full Name (First, MI, Last, Suffix (i.e., Jr., Sr.))		(2) Date of Birth	(3) Social Security Number
(4) Driver License Number or State ID Number		(5) Issuing State	(6) Primary Telephone Number: ( )
(7) Mailing Address		(8) Secondary Telephone Number ( )	
(9) City	(10) State	(11) Zip Code	

**PART B: INDICATE IF DRIVER LICENSE HAS BEEN REVOKED AND IF REQUIRED TO BE INTERLOCKED BY PAROLE**

(12) Date of MVD Revocation:	(13) Date of Court Conviction:	
(14) Court Name:	(15) Court City	(16) Court Case Number

**ATTACH A COPY OF THE JUDGEMENT & SENTENCE (J&S) FROM THE SENTENCING COURT FOR CURRENT DUI CONVICTION**

(17) Have you been ordered as a condition of *parole* to drive with an interlock?  Yes  No

**ATTACH A COPY OF THE CERTIFICATE OF PAROLE IF REQUIRED TO BE INTERLOCKED AS A CONDITION OF PAROLE**

**PART C: INDICATE QUALIFYING PUBLIC ASSISTANCE PROGRAM(S) AND SPECIFY ELIGIBILITY DATES**

(18)  TANF  GA  SNAP  SSI (Supplemental Security Income)  FDPIR

(19) Eligibility From Date: \_\_\_\_\_ (20) Eligibility To Date: \_\_\_\_\_

**MUST ATTACH PROOF OF ENROLLMENT IN ONE OF THE QUALIFYING PUBLIC ASSISTANCE PROGRAM(S)**

**PART D: INDICATE IF A COURT, PROBATION OR PAROLE DETERMINED CLIENT INDIGENT FOR INTERLOCK**

(21)  INDIGENT BY A NM COURT, PROBATION OR PAROLE **PRIOR TO 7/1/2010** FOR INTERLOCK PURPOSES

(22) Case # on Court Order: \_\_\_\_\_ (23) Date on Court Order: \_\_\_\_\_

**MUST ATTACH A COPY OF THE COURT ORDER SPECIFYING INDIGENCY, IF DETERMINED INDIGENT PRIOR TO 7/1/10**

**PART E: INDICATE WHETHER THE IGNITION INTERLOCK DEVICE IS CURRENTLY INSTALLED IN VEHICLE(S)?**

(24) Date Interlock Installed: \_\_\_\_\_ (25) Ignition Interlock Company Name / City: \_\_\_\_\_

**PART F: 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.

(26) \_\_\_\_\_ (27) \_\_\_\_\_ NOTARIAL SEAL

*Applicant Signature* *Date*

Applicant signature must be notarized or application will not be considered

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_.

Notary - PRINT NAME

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_