

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Department of Motor Vehicles/Relevant Licensing Authority]
[Address]
[City, State, Zip Code]

Subject: Request for License Reinstatement with Ignition Interlock Device Compliance

Dear [Licensing Authority's Name or Title],

I am writing to formally request the reinstatement of my driving privileges following the installation of an Ignition Interlock Device (IID) in my vehicle.

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Driver's License Number: [Your License Number]

I acknowledge the importance of adhering to the regulations set forth by your department and have successfully completed the IID installation as mandated. The device has been installed by an authorized service provider, and I am committed to complying with all monitoring requirements.

Attached to this letter, you will find the installation certificate and any additional documentation needed to support my request. I am prepared to fulfill any further requirements needed for the reinstatement of my license.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]