

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

Subject: Enrollment in Ignition Interlock Device Program

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request enrollment in the Ignition Interlock Device (IID) program as mandated by [your state/court order]. I understand the importance of this program and am committed to adhering to its requirements to regain my driving privileges.

My details are as follows:

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

I acknowledge my responsibility in demonstrating compliance with the IID program and am prepared to undergo all necessary steps. Please provide me with the information and instructions regarding the installation process and any associated costs.

Thank you for your assistance. I look forward to your prompt response to facilitate my enrollment in the program.

Sincerely,

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