

**\*\*Please initial each space indicating your understanding of Smart Start's requirements\*\***

\_\_\_\_\_ I have watched the training video.

\_\_\_\_\_ I received a copy of the User Manual and Quick Reference Guide and understand those instructions.

\_\_\_\_\_ The lease agreement was explained to me and I understand it fully.

\_\_\_\_\_ I have been instructed on the proper use and care of the IN-HOM SMART Mobile device as found in the User's Manual.

\_\_\_\_\_ My picture is being taken and viewed so I must dress appropriately when using the device.

\_\_\_\_\_ I will not obstruct or tamper with the camera.

\_\_\_\_\_ I have been instructed on how to properly hold the unit when providing a test, the proper blow technique, and lighting requirements.

\_\_\_\_\_ **I understand that I must take a validating test after any failed test.** A failed test is any test other than a PASS.

\_\_\_\_\_ **I understand that I must drink water before every test.**

\_\_\_\_\_ Tampering with the device will result in additional charges and notification will be sent to my monitoring authority.

\_\_\_\_\_ I must maintain a journal of events surrounding failed readings or problems with the device.

\_\_\_\_\_ I must use the IN-HOM SMART Mobile unit in an area where the cell signal is strong and reliable.

\_\_\_\_\_ I understand that I must take all of my scheduled tests regardless of cell coverage.

\_\_\_\_\_ I should not allow others to test on the device and I understand that if I let someone else take a test for me it is a program violation.

\_\_\_\_\_ I could be contacted by my monitoring authority to take a test outside of my test windows.

\_\_\_\_\_ **I understand that I am responsible for all components that come with the device: the device itself, carrying case, power cord & plug, quick reference guides (English & Spanish), and User's Manual and must return all components upon removal/return of device or I will be charged for each missing or damaged part/ item.**

\_\_\_\_\_ **I understand that the IN-HOM SMART Mobile device only needs to be calibrated every 6 months. I understand that I must call the corporate office at 1-800-880-3394 at least 2 days prior to my monthly service to pay the next month's service fee. If the fee is not paid at least 2 days prior to the service date, the unit will need to be manually serviced at one of our service locations.**

\_\_\_\_\_ **I will provide a copy of my driver's license and social security # or a deposit will be required. Deposits will be refunded when all components are returned in working order and undamaged. Deposits are refunded by our corporate office and this process may take a couple of weeks.**

\_\_\_\_\_ **I have been informed that any foreign contaminants that pass into the device may result in a BAC violation, and I have been advised not to eat, drink, or smoke while testing.**

\_\_\_\_\_ Smart Start employees may call me to inquire about my use of the device.

\_\_\_\_\_ I know to call **1-800-880-3394** with any questions or concerns.

**Signature of Client** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Client** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Signature of Tech** \_\_\_\_\_ **Date** \_\_\_\_\_

**Service Location:** \_\_\_\_\_ **NC** \_\_\_\_\_