

## APPLICATION FOR DRIVING PRIVILEGES

Case Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

- I want to apply for **limited** driving privileges (complete applicable sections below)
- Pending case                       Post-conviction: \$25.00 fee (due at time of filing)
- Proof of Auto Insurance

### 1. Primary Employment:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

- Attached is proof from employer on company letterhead (signed by employer) with days & hours worked, if the employee is required to drive during work hours **AND** if overtime is mandatory or volunteer based.

### 2. Secondary Employment:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

- Attached is proof from employer on company letterhead (signed by employer) with days & hours worked, if the employee is required to drive during work hours **AND** if overtime is mandatory or volunteer based.

3. Education & Vocational Purposes:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Attached is proof from school of days and hours of classes

4. Medical and/or Treatment Programs (including AA, MADD, Counseling, IOP, Aftercare):

Medical: \_\_\_\_\_

Outpatient Treatment: \_\_\_\_\_

Aftercare: \_\_\_\_\_

AA/MADD: \_\_\_\_\_

Counseling: \_\_\_\_\_

Other: \_\_\_\_\_

Attached is proof from Medical Professional and/or Treatment agency of days & hours of treatment

5. Does another licensed driver live in your home?       Yes       No

If no, circle the day of the week and write a 3-hour timeframe below for personal errands

Mon – Tues – Wed – Thurs – Fri – Sat – Sun      Timeframe: \_\_\_\_\_

6. Other:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_