

APPLICATION FOR DRIVING PRIVILEGES (\$25.00 Fee)

Full Name: _____

Residence Address: _____

Phone Number: _____ Cell: _____

Email Address: _____

<input type="checkbox"/> I wish to apply for limited driving privileges (complete applicable sections below) 1 Year Suspension	<input type="checkbox"/> I wish to apply for unlimited driving privileges subject to various conditions and requirements with potential reduction in suspension time.
--	--

1) Occupational Purposes:

Employer: _____

Employer Address: _____

Employer Phone: _____

Work	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Leave Home							
Arrive Home							
Overtime?							

2) Education & Vocational Purposes:

School Name: _____

Address: _____

Phone: _____

School	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Leave Home							
Arrive Home							

3) Medical and/or Treatment Programs, including AA, MADD, Counseling, IOP, Aftercare:

Medical: _____

Outpatient Treatment: _____

Aftercare: _____

AA/MADD: _____

Counseling: _____

Other: _____

4) Driving for Necessities – Choose One 4-Hour Window, same day/time every week:

	Circle the day you want to drive for necessities (church, shopping, haircut, bank, gas, etc.)							
Leave Home		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Arrive Home								

5) Secondary Employment:

Employer: _____

Employer Address: _____

Employer Phone: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Leave Home							
Arrive Home							

6) Other:

Name: _____

Address: _____

Phone: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Leave Home							
Arrive Home							

Please explain: _____
