

**APPLICATION FOR DRIVING PRIVILEGES**

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

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

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

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

<input type="checkbox"/> I wish to apply for <b>limited</b> driving privileges (complete applicable sections below) <b>1 Year Suspension</b>	<input type="checkbox"/> I wish to apply for <b>unlimited</b> driving privileges subject to various conditions/requirements with potential reduction in suspension time. <b>This option requires a certified Ignition Interlock Device to be installed on your vehicle at your expense.</b>
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**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:**

	<b>Circle the day you want to drive for necessities (church, shopping, haircut, bank, gas, etc.)</b>							
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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