

**FORM MUST BE COMPLETED IN ITS ENTIRETY  
PLEASE PRINT**

**CASE NO.** \_\_\_\_\_

**APPLICATION FOR RESTRICTED DRIVER'S LICENSE**

Are you current on all outstanding court fine agreements?  Yes  No

Date your last payment was made \_\_\_\_\_

Have you been suspended for other violations?  Yes  No  
 If yes, are you reinstated with the Department of Transportation from those violations?  Yes  No  
 If yes, attach a copy of the reinstatement letter or receipt from the Department of Transportation.

Applicant's Name (Please print as it appears on your driver's license) \_\_\_\_\_

XXX-XX-\_\_\_\_\_  
 Social Security No. (last 4 digits only) \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

Mailing Address (To be registered with the Idaho Dept. Of Transportation) \_\_\_\_\_

Driver's License Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Residence Address (if different from above) \_\_\_\_\_

Message Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EMPLOYMENT/DRIVING REQUIREMENTS**

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Street Address \_\_\_\_\_

Type of Work \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

One-Way Distance to Work \_\_\_\_\_ One-Way Travel Time to Work \_\_\_\_\_

Check Appropriate Boxes:

I use my PERSONAL vehicle for driving  to  from  during work.

\*\*\* Attach a copy of your certificate of insurance and/or policy to this application.

OR

I use my EMPLOYER'S vehicle for driving  to  from  during work.

Vehicle Year \_\_\_\_\_ Vehicle Make \_\_\_\_\_ License Plate No. \_\_\_\_\_

**HOURS OF EMPLOYMENT/SCHOOL**

Do the days you work or attend school vary from week to week?  
 Do the hours you work or attend school vary from week to week?

Yes  No  
 Yes  No

Employer's Liability Insurance Company \_\_\_\_\_

**WORK SCHEDULE**

Day of Week	Begin Time	A.M. √	P.M. √	End Time	A.M. √	P.M. √	No. Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

**SCHOOL SCHEDULE**

Name of School _____							
Day of Week	Begin Time	A.M. √	P.M. √	End Time	A.M. √	P.M. √	No. Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Continued on Reverse

Number of overtime hours you typically work each week \_\_\_\_\_

List each shift you may be asked to work \_\_\_\_\_

Can you obtain a written work schedule from your employer?  Yes  No  
If yes, attach work schedule to this application.

EARLIEST hour you need to drive for work purposes \_\_\_\_\_  a.m.  p.m.

LATEST hour you need to drive for work purposes \_\_\_\_\_  a.m.  p.m.

List each state and Idaho county your work may require you to drive to \_\_\_\_\_

If none of the above applies to your situation, please explain your work requirements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the availability of alternate transportation?  Spouse  Relative  Friend  Co-worker  Public Transportation  
 Other \_\_\_\_\_

**MEDICAL PROBLEMS REQUIRING TRANSPORTATION** (Other than emergencies. Describe the medical problem in the space provided.)

Self \_\_\_\_\_

Family Member \_\_\_\_\_

Physician's Name and Address \_\_\_\_\_

Explain why you are required to provide the transportation \_\_\_\_\_

\_\_\_\_\_

STATE OF IDAHO        )  
                                  ) ss.  
County of Ada         )

I am requesting that I be considered for the Restricted License Program, and I understand that it is my responsibility to notify the court and the Department of Transportation of any address change. I swear under penalty of perjury that the answers above are true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

SUBSCRIBED and SWORN to before me on \_\_\_\_\_.

\_\_\_\_\_  
Judge/Clerk/Notary Public  
Residing at \_\_\_\_\_  
Commission Expires \_\_\_\_\_