

Restricted Permit Applicants

Restrictive licenses are only authorized for employment, education and/or emergency medical purposes.

The following documents must accompany this application for consideration by the Judge for a "Temporary Restrictive License During Suspension Permit".

- 1) A letter, on official letterhead, from your employer verifying your current work schedule (hours and days). Be specific.
- 2) A letter, on official letterhead, from your school verifying that you are a student and a copy of your current class schedule.
- 3) A copy of the vehicle registration and auto insurance to the vehicle you will be driving. Documents must be in applicants name or the registered owners of the vehicle must provide written consent allowing the applicant to drive their vehicle.

Notice to Minor-Consumption of Alcohol:

At least 1/2 of your fines and fees must be paid and the community service hours, if ordered, must be completed prior to a permit being issued.

**IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF JEFFERSON
MAGISTRATE DIVISION**

APPLICATION FOR RESTRICTED LICENSE PROGRAM

(Form must be completed in its entirety)

Being first duly sworn, I hereby request that I be considered for the Restricted License Program and state as follows:

1) Applicant Information:

- (A) Name _____
- (B) (Please print/type as it appears on your driver's license)
- (C) Mailing Address _____
(To be registered with the Idaho Transportation Department)
- (D) City: _____ State: _____ Zip _____
- (E) Residence Address _____
- (F) City: _____ State: _____ Zip _____
- (G) D.L./SS #: _____ Date of Birth _____
- (H) Home/Cell Phone #: _____ Work Phone #: _____

2) Employer Information:

- (A) Name _____
- (B) Address: _____
- (C) Phone #: _____

3) Nature of Occupation: _____

4) School:

- (A) Name: _____
- (B) Address: _____
- (C) Phone#: _____

5) Fill in and/or check the appropriate information for your employment and/or school driving purposes.

- (A) Do you drive to _____, from _____, and/or during _____ work/school?
- (B) Do you use your personal vehicle for: to _____, from _____, and/or during _____ work/school?
If so, indicate information as follows:
Year _____ Make _____ License Plate # _____
(Enclose with this application a photocopy of certificate of insurance and/or insurance policy.)
- (C) Do you use your employer's vehicle to _____, from _____ and/or during _____ work?
If so, indicate information as follows:
Year _____ Make _____ License Plate # _____ and employer's liability insurance information _____.
(Name of Insurance Company)

IF SUSPENSION HAS BEEN FOR A DUI
you must enclose a photocopy of certificate of
SR 22 INSURANCE POLICY.

6) Required information regarding your employment: (must be specific - fill in and/or check the appropriate information.

- (A) Days of Work: (be specific – check days required)
 MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____
 Do the days of the week you work vary from week to week: Yes _____ No _____
- (B) Hours: (circle a.m. or p.m.) Starting _____ a.m. / p.m. Quitting _____ a.m. / p.m.
- (C) If you work various shifts, list each shift you may be asked to work _____
- (D) If you work various shifts, list each shift you may be asked to work: _____
- (E) Overtime: Yes _____ No _____ If overtime is required, how many hours _____.
- (F) What is the earliest hour you would need to drive for work purposes? _____ a.m./p.m.
- (G) What is the latest hour you would need to drive for work purposes? _____ a.m./p.m.
- (H) Counties and States you drive in _____
- (I) If none of the above applies to your situation, please explain your work requirements on the reverse side.
- (J) What is the availability of alternate transportation?
 Spouse: _____ Fellow Employee: _____ Public Transportation: _____

7) Required information regarding your school schedule: (must be specific - fill in and/or check the appropriate information.

- (A) Days of school:
 Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
- (B) Hours (circle a.m. or p.m.) Starting _____ a.m./p.m.
 Quitting _____ a.m./p.m.
- (C) What is the earliest hour you would need to drive for school purposes? _____ a.m./p.m.
 What is the latest hour you would need to drive for school purposes? _____ a.m./p.m.
 If your request extends beyond normal school hours, please explain

NOTE: Permits are not granted for extracurricular activities.

8) Medical problems requiring transportation: (Other than Emergency situations.)

- (A) Family Member _____
- (B) Self _____
 (Therapy/Continuing Illness/etc.)
- (C) Physician (or other) _____
 (Name and Address)
- (D) Reason you are required to provide the transportation _____

I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE COURT AND THE IDAHO DEPARTMENT OF TRANSPORTATION OF ANY ADDRESS CHANGE

Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20 _____.

Notary Public for Idaho
My Commission expires: