

# APPLICATION FOR RESTRICTED DRIVER'S LICENSE

## PLEASE PRINT

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

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

Mailing Address (To be registered with the ID Dept. of Transportation) \_\_\_\_\_

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

Residence Address (If different than mailing address) \_\_\_\_\_

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

XXX-XX-\_\_\_\_\_  
Last 4 of Social Security Number      Date of Birth (Month/Day/Year)

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

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### EMPLOYMENT/DRIVING REQUIREMENTS

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

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

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

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

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

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

Check Appropriate Boxes:

I use my PERSONAL vehicle for driving  
 to work and/or  from work and/or  during

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

I use my EMPLOYER'S vehicle for driving  
 to work and/or  from work and/or  during

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

### HOURS OF EMPLOYMENT/SCHOOL

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

Yes  No

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

Yes  No

FILED \_\_\_\_\_ AT \_\_\_\_\_, M.  
 TRENT TRIPPLE, CLERK OF THE DISTRICT COURT  
 BY \_\_\_\_\_ Deputy

Have you reinstated your driver's license with the ID Dept. of Transportation for all suspensions you may have?  Yes  No  
 If yes, you must attach a copy of the reinstatement letter or receipt from the ID Dept. of Transportation

### WORK SCHEDULE

	Start Time	AM ✓	PM ✓	End Time	AM ✓	PM ✓
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

### SCHOOL SCHEDULE

	Start Time	AM ✓	PM ✓	End Time	AM ✓	PM ✓
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

AM/PM

EARLIEST hour you need to drive for work purposes \_\_\_\_\_

LATEST hour you need to drive for work purposes \_\_\_\_\_

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: \_\_\_\_\_

### MEDICAL PROBLEMS REQUIRING TRANSPORTATION

(Other than emergencies)

SELF \_\_\_\_\_

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

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

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

Other \_\_\_\_\_

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 Dept. 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 \_\_\_\_\_