TEMPORARY RESTRICTED LICENSE REQUEST

North Dakota Department of Transportation, Drivers License Division
SFN 2254 (Rev. 12-2010)

GENERAL INFORMATION ABOUT TEMPORARY RESTRICTED LICENSES

* Minimum age requirement to obtain Temporary Restricted License is 18.
* Temporary Restricted License is for Class D or M only.
* Reinstatement fee paid.

WHEN REQUIRED

* Proof of financial responsibility on file.
* Alcohol evaluation and enrollment in or completion of recommended treatment.

Investigations are conducted by Drivers License Division to determine the validity of information submitted.

MAIL COMPLETED FORM TO: DRIVERS LICENSE DIVISION
NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750

INSTRUCTIONS ON COMPLETING THE APPLICATION FORM

All applicants must complete parts I, II, & VII. Part III must be completed by your employer. Part IV must be completed if you are self employed. Part V must be completed if you are requesting driving time to/from school. Part VI must be completed if you are requesting driving time to attend counseling sessions.

Drivers License Number | | | | | | | | | |

I. APPLICANT'S INFORMATION

Full Name		Date of Birth
Address	City/State/Zip	Phone Number
Explain the reason you need a temporary restricted license.		

II. DRIVING TIME REQUESTED

You are allowed to drive 2 days per week for life maintenance needs. List days _____
You are allowed to drive 3 days per week to seek employment. List days _____
You are only allowed **one** specific 12 hour period per day for **current employment purpose.**

Please check the days that are necessary for you to drive from the following:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Please check only **one** 12 hour period that best accomodates your requested driving time.

☐ 1 AM - 1 PM	☐ 7 AM - 7 PM	☐ 1 PM - 1 AM	☐ 7 PM - 7 AM
☐ 2 AM - 2 PM	☐ 8 AM - 8 PM	☐ 2 PM - 2 AM	☐ 8 PM - 8 AM
☐ 3 AM - 3 PM	☐ 9 AM - 9 PM	☐ 3 PM - 3 AM	☐ 9 PM - 9 AM
☐ 4 AM - 4 PM	☐ 10 AM - 10 PM	☐ 4 PM - 4 AM	☐ 10 PM - 10 AM
☐ 5 AM - 5 PM	☐ 11 AM - 11 PM	☐ 5 PM - 5 AM	☐ 11 PM - 11 AM
☐ 6 AM - 6 PM	☐ NOON - MIDNIGHT	☐ 6 PM - 6 AM	☐ MIDNIGHT - NOON

You will need to find alternative transportation for driving time needed outside the 12-hour time frame, excluding treatment/counseling.

III. EMPLOYER'S INFORMATION

Employer	Name of Business		
Address	City	State	Zip Code
Name of Supervisor		Phone Number	
Distance from Home to Work	Type of Work Performed		

I can confirm necessity for my employee to drive from home to work.	☐ Yes ☐ No
I can confirm necessity for my employee to drive on the job during work hours.	☐ Yes ☐ No
Does the employee drive your vehicle(s) on the job?	☐ Yes ☐ No
Areas of travel required in meeting employment responsibilities.	
Signature of Employer	Date

IV. SELF-EMPLOYED INFORMATION

Name of Business	Type of Business		
Address	City	State	Zip Code

V. SCHOOL INFORMATION

Name of School		Phone Number	
Address	City	State	Zip Code
School Administrator's Signature		Date	

PLEASE ATTACH A COPY OF APPLICANT'S CLASS SCHEDULE.

VI. COUNSELING INFORMATION

Name of Center		Phone Number	
Address	City	State	Zip Code
Date and Time of Classes			

VII. APPLICANT'S CERTIFICATION

Under the penalty of perjury, I certify that the information contained in this application is true and correct. I understand failure to properly complete this application in its entirety will void my request. I further certify that I have motor vehicle liability coverage.

Applicant's Signature	Date