

# TEMPORARY RESTRICTED LICENSE REQUEST

North Dakota Department of Transportation, Drivers License & Traffic Safety Division  
SFN 2254 (Rev. 01-2007)

## 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.
- \* License/Permit must be surrendered if required by law.
- \* 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 & Traffic Safety Division to determine the validity of information submitted.

**MAIL COMPLETED FORM TO:** DRIVERS LICENSE AND TRAFFIC SAFETY  
NORTH DAKOTA DEPARTMENT OF TRANSPORTATION  
608 E BOULEVARD AVE  
BISMARCK ND 58505-0700

## 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

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## 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.

- |                                      |  |                                      |  |
|--------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> 1 AM - 1 PM | <input type="checkbox"/> 7 AM - 7 PM     | <input type="checkbox"/> 1 PM - 1 AM | <input type="checkbox"/> 7 PM - 7 AM     |
| <input type="checkbox"/> 2 AM - 2 PM | <input type="checkbox"/> 8 AM - 8 PM     | <input type="checkbox"/> 2 PM - 2 AM | <input type="checkbox"/> 8 PM - 8 AM     |
| <input type="checkbox"/> 3 AM - 3 PM | <input type="checkbox"/> 9 AM - 9 PM     | <input type="checkbox"/> 3 PM - 3 AM | <input type="checkbox"/> 9 PM - 9 AM     |
| <input type="checkbox"/> 4 AM - 4 PM | <input type="checkbox"/> 10 AM - 10 PM   | <input type="checkbox"/> 4 PM - 4 AM | <input type="checkbox"/> 10 PM - 10 AM   |
| <input type="checkbox"/> 5 AM - 5 PM | <input type="checkbox"/> 11 AM - 11 PM   | <input type="checkbox"/> 5 PM - 5 AM | <input type="checkbox"/> 11 PM - 11 AM   |
| <input type="checkbox"/> 6 AM - 6 PM | <input type="checkbox"/> NOON - MIDNIGHT | <input type="checkbox"/> 6 PM - 6 AM | <input type="checkbox"/> 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	
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can confirm necessity for my employee to drive on the job during work hours.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the employee drive your vehicle(s) on the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

### V. SCHOOL INFORMATION

Name of School	Phone Number
Address	City/State/Zip
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
Date and Times 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

