

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

State of Idaho  
vs.

Case No. CR-  
Application for Restricted Driver's License  
Event Code: ARDL

DOB:  
DL: ID-

**1. APPLICANT:**

- (a) Name: \_\_\_\_\_  
(Please print/type as it appears on your driver's license)
- (b) Mailing address: \_\_\_\_\_
- (c) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**To be registered with the Idaho Transportation Department**
- (d) Residence address: \_\_\_\_\_
- (e) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- (f) Driver's License Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
- (g) Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**2. SCHOOL:**

- (a) Name: \_\_\_\_\_
- (b) Address: \_\_\_\_\_  
**Please include City, State and Zip Code**
- (c) Telephone Number: \_\_\_\_\_

Required information for **school (INFORMATION MUST BE SPECIFIC)**. Fill in and/or check the appropriate information.

- (a) Days you are in attendance at school (**BE SPECIFIC**—check **DAYS** required)  
MON\_\_\_ TUE\_\_\_ WED\_\_\_ THUR\_\_\_ FRI\_\_\_ SAT\_\_\_ SUN\_\_\_
- (b) Hours you are in school (circle a.m. or p.m.)  
Starting Time \_\_\_\_\_ A.M./P.M.

**\*\*PLEASE NOTE: You will be required to provide a photocopy of your certificate of insurance and/or insurance policy in order to be able to drive for school purposes.**

**3. EMPLOYER:**

- (a) Name: \_\_\_\_\_
- (b) Address: \_\_\_\_\_  
**Please include City, State, and Zip Code**
- (c) Telephone Number: \_\_\_\_\_

**4. NATURE OF OCCUPATION: \_\_\_\_\_**

**5. FILL IN AND/OR CHECK THE APPROPRIATE INFORMATION FOR YOUR EMPLOYMENT DRIVING PURPOSES:**

- (a) Do you drive to \_\_\_\_\_ from \_\_\_\_\_ and/or during \_\_\_\_\_ work?
- (b) Do you use your **PERSONAL** vehicle for: to \_\_\_\_\_ from \_\_\_\_\_ and/or during \_\_\_\_\_ work? If so, indicate information as follows:  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
License Number \_\_\_\_\_ and personal liability insurance information:  
Name of Insurance Company: \_\_\_\_\_  
**BE SURE TO ENCLOSE A PHOTOCOPY OF CERTIFICATE OF INSURANCE AND/OR INSURANCE POLICY.**
- (c) Do you use your **EMPLOYER'S** vehicle for: to \_\_\_\_\_ from \_\_\_\_\_ and/or during \_\_\_\_\_ work? If so, indicate information as follows:  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
License Number: \_\_\_\_\_ and employer's liability insurance information:  
Name of Insurance Company: \_\_\_\_\_  
**BE SURE TO ENCLOSE A PHOTOCOPY OF CERTIFICATE OF INSURANCE AND/OR INSURANCE POLICY.**

Required for **employment (INFORMATION MUST BE SPECIFIC)** Fill in and/or check the appropriate information.

- (a) Days of Work: (**BE SPECIFIC** – check **DAYS** required)
- MON \_\_\_ TUE \_\_\_ WED \_\_\_ THUR \_\_\_ 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 Time: \_\_\_\_\_ A.M./P.M.  
Quitting Time: \_\_\_\_\_ A.M./P.M.

If you work various shifts, list each **SHIFT** you may be asked to work:

- 
- (c) Overtime: Yes \_\_\_\_\_ No \_\_\_\_\_  
If overtime is required, how many hours? \_\_\_\_\_ What is the EARLIEST hour you would need to drive for work purposes? \_\_\_\_\_.
- (d) Counties: \_\_\_\_\_, IDAHO.
- (e) If none of the above applies to your situation, please explain your work requirements on the reverse side of this form.
- (f) What is the availability of alternate transportation?  
None \_\_\_\_\_ Fellow Employee \_\_\_\_\_ Public Transportation \_\_\_\_\_  
Other: \_\_\_\_\_

6. **MEDICAL PROBLEMS** requiring transportation (OTHER THAN EMERGENCIES)

- (a) Family member: \_\_\_\_\_  
(b) Self: \_\_\_\_\_  
(c) Physician (or other): \_\_\_\_\_  
(d) Reason you are required to provide the transportation: \_\_\_\_\_

7. **TREATMENT PROGRAMS** requiring transportation

- (a) Name of treatment provider: \_\_\_\_\_  
(b) Days you will attend treatment: \_\_\_\_\_  
(c) Hours you will be in attendance (from when to when): \_\_\_\_\_

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

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk/Magistrate Judge