

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

STATE OF IDAHO,

Plaintiff,

vs.

Defendant

Case No. CR14-\_\_\_\_\_

Application for Restricted  
Driver's License

Event Code: ARDL

**1. APPLICANT**

a) Name: \_\_\_\_\_  
(Please print/type as it appears on your driver's license)

b) Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

c) Residence/Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

d) Driver's License Number: \_\_\_\_\_ DL State: \_\_\_\_\_

e) Date of Birth: \_\_\_\_\_

f) Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**2. SCHOOL**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_  
(Please include City, State and Zip Code)

c) Telephone #: \_\_\_\_\_

Required information for school (MUST BE SPECIFIC).

Fill in and/or check the appropriate information:

d) Days you are in attendance at school (BE SPECIFIC – Check days required)

MON \_\_\_\_ TUE \_\_\_\_ WED \_\_\_\_ THUR \_\_\_\_ FRI \_\_\_\_ SAT \_\_\_\_ SUN \_\_\_\_

e) Hours you are in school: (Circle a.m. or p.m.)

Starting Time: \_\_\_\_\_ am / pm

Ending Time \_\_\_\_\_ am / pm

**3. EMPLOYER:**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_  
(Please include City, State and Zip Code)

c) Telephone #: \_\_\_\_\_

d) Nature of Occupation: \_\_\_\_\_

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

a. Do you drive: \_\_\_\_\_ to work \_\_\_\_\_ from work \_\_\_\_\_ during working hours?

b. Do you use your PERSONAL vehicle: \_\_\_\_\_ to work \_\_\_\_\_ from work \_\_\_\_\_ during working hours? If so, indicate information as follows:

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Lic. Plate \_\_\_\_\_

Personal Liability Insurance Info: Name of Insurance Company: \_\_\_\_\_  
\_\_\_\_\_

**BE SURE TO INCLUDE A PHOTOCOPY OF CERTIFICATE OF INSURANCE  
AND/OR INSURANCE POLICY**

c. Do you use your EMPLOYER'S vehicle: \_\_\_\_\_ to work \_\_\_\_\_ from work \_\_\_\_\_ during working hours? If so, indicate information as follows:

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Lic. Plate \_\_\_\_\_

Employer's Liability Insurance Info: Name of Insurance Company: \_\_\_\_\_  
\_\_\_\_\_

**BE SURE TO INCLUDE A PHOTOCOPY OF CERTIFICATE OF INSURANCE  
AND/OR INSURANCE POLICY**

Required information 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 \_\_\_\_\_

b. Do the days of the week you work vary from week to week? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Hours of Work (Circle a.m. or p.m.)

Starting Time: \_\_\_\_\_ am / pm

Quitting Time \_\_\_\_\_ am / pm

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

a. Overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

If overtime is required, how many hours? \_\_\_\_\_

What is the EARLIEST hour you would need to drive for work purposes? \_\_\_\_\_

b. Counties: \_\_\_\_\_, IDAHO

c. If none of the above applies to your situation, please explain your work requirements on the reverse side of this form.

d. What is the availability of alternate transportation?

None \_\_\_\_\_ Fellow Employee \_\_\_\_\_ Public Transportation \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_.

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

a. Family Member: \_\_\_\_\_

b. Self: \_\_\_\_\_

c. Reason you are required to provide the transportation: \_\_\_\_\_

\_\_\_\_\_

**5. TREATMENT PROGRAMS** requiring transportation

a. Name of Treatment Provider: \_\_\_\_\_

b. Days you will attend Treatment: \_\_\_\_\_

c. Hours you will attend (from start to finish): \_\_\_\_\_

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

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

SIGNATURE: \_\_\_\_\_

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

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