

Order for Restricted License (Class D, M)
Tennessee Department of Safety
Driver Improvement Section
P.O. Box 25290, Nashville, TN 37202

RESTRICTED APPLICATION VALID FOR FREQUENT TRAFFIC (POINTS) SUSPENSION ONLY

Application must be filled out completely, signed and returned to the above address or returned to a Hearing Officer. Approved applicants must file SR-22 insurance on personal vehicle and pay required fees. Faxed copies not accepted

NAME	DATE OF BIRTH	TN. DRIVER LICENSE #
ADDRESS		PHONE #

Authority: T.C.A. 55-50-331 & 55-50-505

I. Statement of person applying for restricted license or temporary driver license

I, _____, have submitted the following personal information and statement
 SIGNATURE

from my employer/school in presenting my request for a restricted driver license or temporary driver license, that I need to drive to and from my place of employment and/or during the course of my employment or school. I understand that if a restricted license or temporary driver license is issued to me, I will be able only to operate a motor vehicle as stated on my application and that **I MUST KEEP A COPY OF THIS APPLICATION WITH ME AT ALL TIMES.** Furthermore, upon violation of any restriction imposed by this order, I am subject to arrest and withdrawal of my restricted driving privileges. I understand that any changes to my personal, employment or school information will require a new application.

II, IMPORTANT! Application must be completely filled out with detailed address, days and times. All information on application will be verified.

Employer	Address	Phone #	Days	Times
Secondary Employer	Address	Phone #	Days	Times
School	Address	Phone #	Days	Times
Daycare/School	Address	Phone #	Days	Times
Church	Address	Phone #	Days	Times
Doctor	Address	Phone #	Days	Times
Misc.	Address	Phone #	Days	Times

III. Supervisor's Statement

Business Name		Address				Phone Number	
Job Title			Overtime Required? Yes _____ No _____		Times:		
Work Schedule Days/Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Is employee required to drive for employment? Yes _____ No _____		Does employee use personal vehicle? Yes _____ No _____		Does employee use company vehicle? Yes _____ No _____		If Yes Make _____ Model _____	
Describe the driving that is necessary							
				Supervisor signature _____ Phone Number _____			

IV. Employer's Insurance Information (Complete only if driving employer's vehicle)

Name and Address of Insurance company		Phone #
Policy Number	Policy Period: From _____ To _____	
Agents Signature		Date

V. Self-employed Applicant's Statement

You must submit with this order a written narrative explaining exactly why and when it will be necessary for you to operate a motor Vehicle in the course of employment.

VI. Educational facility

If you are attending school, you must submit a copy of your class schedule, along with the record keepers name and telephone number to verify the information.

FOR DEPARTMENT USE ONLY

This Driver Improvement restricted application has been approved. The applicant must adhere to all restrictions stated on this document. Restricted license valid in the State of Tennessee, travel outside of Tennessee would require PRE APPROVAL from that State.

APPROVED RESTRICTIONS. Most direct route from residence to:

Employer	Days <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	From	To
	Times		
Secondary Employer	Days <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	From	To
	Times		
School	Days <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	From	To
	Times		
Daycare/School	Days <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	From	To
	Times		
Church	Days <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	From	To
	Times		
Doctor	Days <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	From	To
	Times		
Misc.	Days <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	From	To
	Times		
		Hearing Officer Signature	Date

Approval Stamp

ATTENTION DRIVER EXAMINER: This individual has been authorized to obtain a restricted driver license or temporary driver license with the restrictions listed above. This application must be signed, dated and stamped by a hearing officer before issuing.