



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

HARDSHIP / PROBATIONARY PERMIT APPLICATION

Mail application and all requirements to: DMV, 1905 LANA AVE NE, SALEM OR 97314

- NOT ISSUED FOR COMMERCIAL (CDL) DRIVING PRIVILEGES -

SECTION 1

▼ DRIVER INFORMATION ▼

DRIVER LICENSE / CUSTOMER NUMBER	DATE OF BIRTH
FULL LEGAL NAME (Print: last, first, middle)	CONTACT PHONE NUMBER ()
RESIDENCE ADDRESS (Address will be used to update your driver record/license)	
MAILING ADDRESS IF DIFFERENT (Address will be used to update your driver record/license)	

No more than 12 hours of driving time allowed per day. **You must sign your name at the bottom of this application.**

SECTION 2

▼ DRIVING FOR WORK ▼

Must also submit employment verification (see reverse side).

NAME OF EMPLOYER, COMPANY, ETC.	Are you self-employed? <input type="checkbox"/> YES <input type="checkbox"/> NO
WORKSITE ADDRESS	EMPLOYER PHONE NUMBER ()
Circle work days: MON TUE WED THU FRI SAT SUN	Mileage to work (one-way): _____

List Work Shifts (specify am/pm):

Do NOT include drive times. DMV will determine and add driving time to your work shifts, depending on mileage listed. Example: If you note your work shift is 7am-3:30pm, DMV will list your drive times as 6am-7am and 3:30pm-4:30pm.

Do you drive on the job? YES* NO Do you drive employer's vehicle(s)? YES NO

* If yes, employer letter must verify you are required to drive on the job. List counties driven while on the job (Counties must connect):

SECTION 3

▼ ALCOHOL and/or DRUG TREATMENT ▼

Driving time for treatment is separate from and not included in the 12-hour driving time limit. Use a separate piece of paper if necessary. NOTE: Requests for several meetings may be denied due to limited space on the permit. Please note preferred meeting first.

Name and address of meeting:

Circle meeting days: MON TUE WED THU FRI SAT SUN	Time meeting starts and ends: _____	<input type="checkbox"/> am <input type="checkbox"/> pm
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Name and address of meeting:

Circle meeting days: MON TUE WED THU FRI SAT SUN	Time meeting starts and ends: _____	<input type="checkbox"/> am <input type="checkbox"/> pm
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SECTION 4

▼ COURT RECOMMENDATION ▼

A recommendation from the convicting court is required if you are currently suspended for driving under the influence of intoxicants (DUII), eluding, reckless driving or misrepresentation of age.

NOTE: The following are NOT convictions for DUII and do NOT require a court recommendation: A Diversion Agreement granted by the court; or a suspension for failing or refusing to submit to a breath test, blood test, urine test, or a combination thereof under the Implied Consent Law.

Judge's recommendation per ORS 807.250. APPROVED DENIED (DMV will not issue a permit)

Judge's Comments: _____

SIGNATURE OF CONVICTING JUDGE X	COURT	DATE
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SECTION 5

▼ APPLICANT SIGNATURE ▼

By signing this application, I certify that all documentation and information I provide to DMV is true and correct. I understand it is a crime to knowingly make a false application for driving privileges. The offense is a Class A misdemeanor and is punishable by jail time, a fine or both. DMV will deny, cancel and/or suspend my permit or driver license if I make a false statement or present false documentation.

I must notify DMV in writing if information on this application changes. The permit, once issued, constitutes my consent to abide continuously to all conditions, requirements and restrictions while driving.

APPLICANT SIGNATURE (Full Legal Name) X	DATE
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DMV field offices **cannot** process the application. Hardship/probationary permits are subject to the fees, provisions, conditions, prohibitions and penalties applicable to a license, including Oregon residency and no suspensions in any other state. **You may use a separate paper to submit any required or additional information.**

REQUIREMENTS FOR ALL HARDSHIP/PROBATIONARY PERMITS

Application (completed and signed)

Fees

Application Fee..... \$ 50 (**Non-refundable** ORS 807.240(6))
 Reinstatement Fee..... \$ 75
 TOTAL \$125 (Check or money order)

SR22 Insurance Certificate

Have an automobile insurance company file an Oregon SR-22 certificate with DMV. Must be the original SR22 (no copies or faxes). DMV will not issue the permit until the SR22 becomes effective.

Employment Verification

If employed, submit a letter from your employer verifying employment: on company letterhead; signed and dated; listing days and hours of employment; and stating need to drive on the job, if required.

If self-employed, submit a copy of your current business license (must show your name and business name); a copy of your signed tax statement for the preceding year; or two other documents such as a current customer signed business receipt, advertisements, signed contracts, signed and dated letters from customers, etc.

If unemployed, attach a separate paper with the days, hours and counties you drive to seek employment.

ADDITIONAL REQUIREMENTS

You may have additional requirements if you have been convicted of Driving Under the Influence of Intoxicants, revoked as a Habitual Offender, etc. Call DMV at (503) 945-5000 to determine if any additional requirements are needed.

Are you revoked for Habitual Offender?

If yes, you must complete a Medical (Diagnostic) Exam. To meet the eligibility requirements for a Medical (Diagnostic) Exam, your physician must complete and sign this medical statement. (*Do not send DMV a copy of the actual Medical Exam.*) If you are not able to obtain a doctor's signature on this medical statement, call the Driver Safety Unit at (503) 945-5083 to obtain a Driver Medical Report form for your doctor to complete.

PATIENT'S LAST NAME (Please Print)	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
I have taken a medical history and completed a physical exam on the above named patient. In my opinion, the patient does not have a physical or mental condition or impairment that affects the patient's ability to safely operate a motor vehicle.			DATE OF EXAM (Month, Day, Year)
MEDICAL PROVIDER NAME (Please Print)		SPECIALTY	LICENSE OR CERTIFICATE #
MAILING ADDRESS (City, State, ZIP Code)		TELEPHONE NUMBER ()	FAX NUMBER ()
SIGNATURE OF MEDICAL PROVIDER X			DATE SIGNED

Are you suspended **ONLY** for an uninsured accident or misrepresentation of age?

If yes, you may be eligible for the following driving privileges: medical appointments, grocery shopping, child care, school and to care for elderly family members. Call DMV at (503) 945-5000 to determine if you are eligible for additional driving privileges and to obtain a list of required information to submit with your request.

WHAT'S NEXT?

The Driver Suspension Unit will review your application and notify you of any additional requirements you must complete before a permit can be issued. If you have additional requirements and you do not comply with all requirements within **60 days**, your application will be denied and you will need to re-apply for the permit, which includes submitting all new documents and \$50 application fee.

Once your application is approved and all requirements are met, DMV will mail you a restriction letter. Take the restriction letter to a DMV field office to obtain a restricted driver license. Your driving privileges are **not** valid until you have obtained both the restriction letter mailed from Headquarters *and* a driver license with a "J" restriction code issued at a field office.