



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

COURT DENIAL EMERGENCY DRIVER PERMIT APPLICATION

Information

- An emergency driver permit is issued for emergencies **only** and not for convenience.
- You are not eligible for an emergency permit if you are suspended, canceled or revoked for any other reason.
- An emergency driver permit may be issued only to persons 14 years of age or older.
- DMV will not issue an emergency driver permit that allows operation of a motorcycle or vehicle for which a commercial driver license is required.
- A person suspended for court denial of driving privileges is not eligible for a special temporary instruction driver permit.
- Driving outside the restrictions of an emergency driver permit may result in cancellation of the emergency driver permit.

If you are under 18 years of age:

1. You cannot drive a vehicle carrying any passenger, under 20 years of age, who is not a member of your immediate family.
2. You are required to provide proof of school attendance, completion or exemption if you have never been issued an Oregon driving privilege.
3. Issuance of an emergency driver permit does not replace the requirement for persons under 18 years of age to have a valid Oregon instruction permit for at least six months prior to the issuance of a provisional license.

Instructions

- Complete the front of the form. Print or type all information using black or dark blue ink. If you need additional space, complete the information on a separate paper and attach it to the form.
- Take the completed form, with all required signatures and all requirements from the list below, to your nearest DMV that provides drive tests. **You can only apply at your local DMV office.**

Requirements

ID / ADDRESS DOCUMENTS: Present all documents required to prove legal presence, full legal name, Social Security Number, identity, date of birth and residence address.

FEES: The fee for an emergency driver permit is \$23.50. The reinstatement fee is \$75.00.

STATEMENT OF EMERGENCY:

Submit a signed letter explaining the reason the emergency permit is needed, the days, times and route(s) you need to drive and when the emergency will end. If you are under 18 years of age, your biological or adoptive parent, or your legal guardian must sign the letter also.

PROOF OF NO SCHOOL TRANSPORTATION:

If you need to drive to and from school, you must submit information outlining the days, times and route(s) you need to drive and the nearest point that school or public transportation is available. The school administrator must review the information and sign the application certifying that you attend school the hours and days stated on your application and/or letter and that there is no school or public transportation that would enable you to get to school or the nearest point of school or public transportation noted, other than driving a motor vehicle.

EMPLOYMENT VERIFICATION:

If you are applying to drive for employment purposes, submit a signed letter from your employer, on company letterhead, outlining the days and hours you work. It must contain the name, address and phone number of your employer.

MEDICAL APPOINTMENTS OR MEDICAL TREATMENT ON A REGULAR BASIS:

If you are applying to drive to medical appointments or treatments on a regular basis for yourself or a member of your immediate family, you must provide a letter signed by the physician, physician's assistant or nurse practitioner treating the person. It must explain the need for medical appointments or treatment, the days of the week and hours the appointments or treatment is available and the name and address of the medical facility providing the service(s).

ADDITIONAL INFORMATION THAT DMV MAY REQUIRE:

Proof that you have no other means of transportation available, **including but not limited to:**

- A map showing the route between your home to school or employment and the nearest alternate transportation available.
- A statement from public transportation in your area that they have no bus service along the route you are requesting.
- If you are under 18 years of age, a statement from your parent or legal guardian listing their work schedule and what efforts they have made to provide for your transportation.

Required Signatures

1. The **sheriff** of the county where you reside must sign the application certification.
2. If you are under 18 years of age, your biological or adoptive **parent or legal guardian** must sign the application. A stepparent's signature is NOT acceptable unless they have been named a legal guardian by court order.
3. If you are applying to drive to school, a **school administrator** must sign the application certification.



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Take this completed application to the nearest DMV office that provides drive tests. You can **only** apply at your local DMV office. See the attached **instruction** sheet for a list of requirements and instructions for completing this application.

FULL LEGAL NAME (PLEASE PRINT) LAST NAME		FIRST NAME		FULL MIDDLE NAME		SOCIAL SECURITY NUMBER - - -	
CUSTOMER NUMBER (ODL or ID #)	DATE OF BIRTH (MM-DD-YYYY)	MOTHER'S MAIDEN NAME		APPLICANT'S PLACE OF BIRTH (city and state or country)		TELEPHONE NUMBER ()	
RESTRICTIONS	Do you want your license to show that you are an anatomical donor? <input type="checkbox"/> YES <input type="checkbox"/> NO		HEIGHT FT. IN.	WEIGHT LBS.	SEX (circle one) M F	HAIR COLOR	EYE COLOR
RESIDENCE ADDRESS				MAILING ADDRESS (if different from residence address)			
CITY, STATE, ZIP CODE				CITY, STATE, ZIP CODE			
Do you now have, or have you ever had, an instruction permit, identification card, commercial driver license or driver license from Oregon? <input type="checkbox"/> YES <input type="checkbox"/> NO		EXPIRATION DATE		LICENSE / ID NUMBER		NAME ON PREVIOUS LICENSE / ID	
Do you now have, or have you ever had, an instruction permit, identification card, commercial driver license or driver license from any other state or country ? <input type="checkbox"/> YES <input type="checkbox"/> NO		EXPIRATION DATE		STATE OR COUNTRY		LICENSE NUMBER	
Are you currently or have you ever had your license to drive or right to apply for the privilege suspended, revoked, canceled or refused? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE		STATE		REASON	

You are required to report any mental or physical condition or impairment that affects your ability to drive safely. You are not required to report all your health conditions – only those that affect your ability to drive safely. DMV will use your answers to the following questions only for the purpose of determining your eligibility for an Oregon license. If you have a condition or impairment that makes you unable to safely operate a motor vehicle, you are not eligible for a license until you have provided additional medical information and/or passed DMV tests. **If you answer "Yes" to any one of the questions below, we will not be able to issue you a license at this time.**

- 1) Do you have a vision condition or impairment that **has not been corrected** by glasses, contacts or surgery that affects your ability to drive safely? YES NO
- 2) Do you have any physical or mental conditions or impairments that affect your ability to drive safely? YES* NO
 *If Yes: a) What is the condition or impairment?: _____
 b) Describe how this affects your ability to drive safely: _____
- 3) Do you use alcohol, inhalants, or controlled substances to a degree that affects your ability to drive safely? YES* NO
 *If Yes: a) Describe how your use affects your ability to drive safely: _____

REASON FOR APPLYING	THE EMERGENCY IS EXPECTED TO LAST UNTIL (month, day, year)
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CIRCLE DAYS YOU NEED TO DRIVE MON TUE WED THU FRI SAT SUN	HOURS (e.g., 7:30am – 8am and 3pm – 3:30pm)
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ROUTE YOU NEED TO TRAVEL (provide clear and complete route – name all streets in the order driven – use additional sheet of paper if necessary):

I understand: DMV will cancel or suspend my permit, license or ID if I make any false statement or show false evidence of age, identity, legal presence, Social Security Number, full legal name and/or residence address on this application. If I am convicted of such act(s), I can be fined and/or sentenced to jail. For driving privileges or identification card disclosure of my social security number is mandatory and may be used for: enforcing child support laws; verifying identity and residency; and by other government agencies who request it from DMV. (ORS 25.785, ORS 807.050, OAR 735-062-0005). I certify the vehicle I will use for the license test has insurance coverage meeting the requirements of ORS 806.060. I also certify that I am domiciled in Oregon as required by ORS 807.062 and ORS 807.400. I certify that an emergency exists which requires the applicant to drive a motor vehicle and there is no means of transportation that would enable the applicant to arrive at the destination explained on this application other than the applicant driving a motor vehicle.

SIGNATURE OF APPLICANT (FULL LEGAL NAME) X	DATE
(If applicant is under 18) SIGNATURE OF BIOLOGICAL OR ADOPTIVE PARENT - OR LEGAL GUARDIAN	DATE

CERTIFICATION SIGNATURES

I certify I have examined the statements on this application and any supporting documentation. The applicant attends this school on the schedule noted. To the best of my knowledge there is no school, public or other transportation available that would enable the applicant to continue their education. I endorse this request for an emergency driver permit.

SIGNATURE OF SCHOOL ADMINISTRATOR X	NAME OF SCHOOL	DATE	TELEPHONE NUMBER ()
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I certify I have examined the statements on this application and any supporting documentation and I endorse the applicant's request for an emergency driver permit.

SIGNATURE OF SHERIFF X	COUNTY	DATE	TELEPHONE NUMBER ()
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DMV USE ONLY

DOCUMENTS PRESENTED <input type="checkbox"/> PROOF OF SSN / VERIFICATION <input type="checkbox"/> US BIRTH CERTIFICATE <input type="checkbox"/> US PASSPORT/CARD <input type="checkbox"/> FOREIGN PASSPORT AND DHS DOC. <input type="checkbox"/> DHS DOCUMENT <input type="checkbox"/> OTHER (SPECIFY): _____		DOCUMENTS PRESENTED <input type="checkbox"/> PROOF OF SSN / VERIFICATION <input type="checkbox"/> US BIRTH CERTIFICATE <input type="checkbox"/> US PASSPORT/CARD <input type="checkbox"/> FOREIGN PASSPORT AND DHS DOC. <input type="checkbox"/> DHS DOCUMENT <input type="checkbox"/> OTHER (SPECIFY): _____		OFFICE MANAGER'S SIGNATURE APPROVING PERMIT X	DATE
DATE				EXPIRATION DATE OF EMERGENCY PERMIT – DETERMINED BY OFFICE MANAGER	
DATE				WHICHEVER IS FIRST: <input type="checkbox"/> END OF EMERGENCY OR <input type="checkbox"/> END OF SUSPENSION	
DATE	TSR ID	2ND APPROVAL	DATE	TSR ID	2ND APPROVAL
DATE STAMP			FEE \$	TSR ID	

