

DEPARTMENT OF ADMINISTRATION
DIVISION OF MOTOR VEHICLES
Anchorage Driver Gyfj JWg
1300 W Benson Blvd., Ste 100
Anchorage, Alaska 99503-3689

**NON-COMMERCIAL LIMITED LICENSE APPLICATION FOR:
1ST OFFENSE DRIVING UNDER THE INFLUENCE (DUI)**

GENERAL INFORMATION:

This application is for a first offense of DUI. There are no limited license privileges for an administrative revocation or court conviction for a violation of AS 28.35.032 "refusal to submit to a chemical test". **(AS 28.15.201(d)(1))**

You are considered to be a "first time offender" for the purposes of this limited license application if you have not been previously convicted in court of DUI or Refusal within 15 years from the date of your present offense. To determine the 15-year period, start with the date you were arrested for your present DUI and count back 15 years. For example, if your arrest date was August 14, 2004, you will look back to August 14, 1989. If you have not been convicted of DUI or Refusal, in Alaska or in any other state, within that time period, you can use this application to apply for a limited license. You cannot use this form if you have any pending suspensions or revocations for other offenses. You may want to review your driver's history before applying.

PLEASE NOTE: The application processing fee of \$100.00 is non-refundable. If you are not eligible for a "1st time offender" limited license or your application is denied, the application processing fee will not be refunded.

THE APPLICATION PROCESS:

Complete the application in full. Failure to complete all necessary sections of your application will delay the processing of your limited license application. Mail or deliver the completed application, with the processing fee, to the address shown above.

WHAT HAPPENS NEXT:

If your application is approved, a paper license will be mailed to you. The license will show the approved days and hours that you will have the privilege to drive. The license must be carried with you when you are driving. You are required to show the license to a law enforcement officer if requested to do so. At the end of the period of limitation, you must reinstate your privilege to drive.

MUST BE COMPLETED BY THE APPLICANT:

1. Name: _____
LAST FIRST MIDDLE

Residence Address: _____ Home Telephone No.: _____
STREET CITY

Mailing Address: _____
P.O. BOX OR STREET CITY ZIP CODE

Birth Date: _____ Driver's License No.: _____ SSN: _____

2. Is there a bus or transportation service within six blocks of your residence to within six blocks of your place of employment?

YES NO If yes, why is this method of transportation not feasible for you during the revocation period?

3. Purpose of Limited License:

To drive to and from work via the most direct route. License plate number of vehicle to be used: _____

From (Residence Address): _____

To (Business Address): _____

4. If convicted in court you must attach the judgment and conditions of probation. Did the court order that an ignition interlock device (IID) be installed prior to any driving, even while on probation? YES NO

VERIFICATION OF ALCOHOL/DRUG EDUCATION AND/OR REHABILITATION TREATMENT:

MUST BE FILLED OUT BY THE ALCOHOL SAFETY ACTION PROGRAM (ASAP). IF AN ASAP OFFICE IS NOT AVAILABLE IN YOUR AREA, AN ALASKA STATE APPROVED TREATMENT PROGRAM MUST COMPLETE THE VERIFICATION.

I certify that _____ is in compliance with the alcohol education and rehabilitation treatment program requirements.

Printed Name and Authorized Signature: _____ Date: _____

Agency Name: _____ Business Phone Number: _____

MUST BE COMPLETED BY THE EMPLOYER OR SELF-EMPLOYED APPLICANT:

5. Verification of Employment. (If you are self-employed, you must submit a copy of your current business license.)

Name of Company: _____

I certify that I am authorized to verify employment for the above company, and that the person named in section one of this application is currently employed by this company and scheduled to work the following basic schedule:

_____ (a.m.)(p.m.) to _____ (a.m.)(p.m.) (SUN) (MON) (TUE) (WED) (THUR) (FRI) (SAT)

Circle all that apply during a normal work week.

Please list any reasons for non-traditional work hours. Please be specific, as generalities will cause the application to be rejected. If necessary, attach a separate page.

6. Verification of need for on the job driving: (Driving vehicles that require a CDL is prohibited.)

Is the employee required to drive at work? YES (Complete below) NO

I certify that _____ is authorized to:

Drive a private vehicle for company business and will limit hours of operation to those verified above.

Drive a company vehicle? YES NO

Company Vehicles:

A. _____
YEAR MAKE MODEL LICENSE PLATE NO. LEGAL REGISTERED OWNER

B. _____
YEAR MAKE MODEL LICENSE PLATE NO. LEGAL REGISTERED OWNER

7. Authorized Employer's Signature: _____

Print Authorized Name: _____ Office Phone Number: _____

APPLICANT STATEMENT AND SIGNATURE:

I hereby certify all statements made in this application are true. I agree and understand any misstatement of material facts herein may cause cancellation and/or denial of the limited license (AS 28.15.161). I agree and understand that violating the terms of the limited license will result in the cancellation of the limited license. I understand that, if the application is completed properly and all requirements have been met, the processing and issuance of a limited license requires 10 working days from the date of receipt by the Driver Services office. I understand that commercial motor vehicles that require a CDL cannot be driven on a limited license per AS 28.33.140(f).

The following items are required to be submitted with your application in order to obtain a limited license for work purposes:

- Copy of SR-22 Insurance \$100 Non-Refundable Fee
- Original Driver's License (If not previously surrendered) Alcohol Treatment Verification
- Employment Verification; copy of current business license (if self-employed)
- If you were convicted in court a copy of the judgment and conditions of probation must be attached.

8. Applicant's Signature: _____ Date: _____