

STATE OF ALASKA — DIVISION OF MOTOR VEHICLES

LIMITED LICENSE APPLICATION FOR DRIVING UNDER THE INFLUENCE OR ADMIN PER SE OFFENSES

GENERAL INFORMATION:

Use this application if you are applying for limited non-commercial driving privileges for a misdemeanor driving under the influence (DUI) conviction or an administrative revocation for breath test result pursuant to AS 28.15.201. The application processing fee of \$100 is non-refundable. If you are not eligible for a limited license or your application is denied, the application processing fee will not be refunded.

There are no limited driving privileges for the following:

- Administrative revocations or court misdemeanor convictions for Refusal. [AS 28.15.201(d)(1)]
• DUI or Refusal felony convictions. [AS 28.15.201(d)(1)]
• Operating commercial motor vehicles. [AS 28.33.140(f)]
• If you have been convicted of DUI or Refusal while on probation for a prior DUI or Refusal conviction.
• If you have been convicted of driving in violation of a limitation under AS 28.15.291(a)(2).

THE APPLICATION PROCESS:

Complete the application in full. Failure to complete all required sections will delay the processing of your limited license application. Mail or deliver the completed and signed application form with the processing fee to:

Juneau Driver Licensing – PO Box 110221 Juneau, AK 99811-0221

Within 10 days of receipt, the Department will approve or deny your application in writing. If your limited license is granted, the Department's letter will require you to meet specific re-licensing standards, provide proof of SR-22 insurance filing, and install an ignition interlock device. The ignition interlock installation cost and maintenance fees will be your responsibility.

MUST BE COMPLETED BY THE APPLICANT:

First Name: Middle Initial: Last Name:

Residence Address:

Mailing Address:

Daytime Telephone No.: () Birth Date: Driver's License 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 has met the alcohol education and rehabilitation treatment program requirements.

Printed Name and Authorized Signature: Date

Agency Phone Number: Agency Name and Address:

APPLICANT CERTIFICATION AND SIGNATURE:

I have attached the following item(s) with my application:

- Non-Refundable Fee Driver's license (If not previously surrendered)

I hereby certify all statements made in this application are true.

I certify that I understand the following:

- 1. If I drive/operate a vehicle not equipped with an ignition interlock device outside of an exempt area, I will be subject to the penalties for driving with a revoked license under AS 28.15.291.
2. Circumventing or tampering with the ignition interlock device is a class A misdemeanor. (AS 11.76.140)
3. I must maintain the ignition interlock device throughout the period of the limited license and keep up-to-date records in the vehicle showing that any required service and calibration is current. [AS 28.15.201(d)]
4. I must produce these records immediately upon request.

I agree and understand that any misstatement of material facts herein may cause cancellation and/or denial of the limited license. I agree and understand that failure to maintain the ignition interlock device for the period of the limited license, circumventing or tampering with the device while holding a limited license, or violating the terms of the limited license will result in the cancellation of the limited license.

Applicant's Signature: Date: