

STATE OF ALASKA DIVISION OF MOTOR VEHICLES  
**APPLICATION FOR LIMITED LICENSE**  
**DUI/OUI OR ADMIN PER SE**

This application is for limited Non-Commercial driving privileges for a felony OR misdemeanor DUI/OUI or Admin Per Se revocation.

<b>Who this is for:</b>			
<ul style="list-style-type: none"> <li>You have been convicted in court or administratively for a misdemeanor or felony DUI/OUI and are currently in revoked status.</li> <li>You have applied for an administrative hearing, but have voluntarily revoked your license privileges while awaiting an administrative hearing.</li> </ul>			
<b>There are no limited license privileges for:</b>			
<ul style="list-style-type: none"> <li>Court or Administrative revocations for Refusal to Submit to Chemical Test [AS 28.15.201(d)(1)].</li> <li>Operating commercial motor vehicles.</li> <li>Conviction for DUI while on probation for a prior DUI or Refusal. [AS 28.15.201(d)(6)]</li> <li>Conviction for driving in limitation under [AS 28.15.201(d)(3)]</li> </ul>			
<b>To Apply:</b>			
<input type="checkbox"/> Complete this application <input type="checkbox"/> Provide an 'In Compliance' or 'Completed' letter from the ASAP office. You can contact the Anchorage ASAP office for further information, (907)264-0735. <input type="checkbox"/> A <b>non-refundable</b> application processing fee of \$100.00. You can pay this by check payable to State of Alaska, credit card, or money order. <b>DO NOT MAIL CASH.</b> <input type="checkbox"/> Email, mail, or hand deliver your application to <a href="mailto:doa.dmv.limited@alaska.gov">doa.dmv.limited@alaska.gov</a> , or to Anchorage Driver Services, 3901 Old Seward Highway, Suite 101, Anchorage, AK 99503. <b>DO NOT FAX YOUR APPLICATION.</b>			
<b>After You Submit Your Application:</b>			
<ul style="list-style-type: none"> <li>Your application will be reviewed within 10 business days.</li> <li>You will receive an email or letter with further instructions on completing your application.</li> </ul>			
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<b>Alaska License/ID Number</b>	<b>Date of Birth</b>	<b>Court Case Number</b>	
<b>Mailing Address</b>		<b>City</b>	<b>State</b>
			<b>Zip</b>
<b>Daytime Phone Number</b>	<b>Email</b>		
<b>Method of Payment</b>	<b>For Credit Card Payment Only</b>		
<input type="checkbox"/> Credit Card (number provided) <input type="checkbox"/> Check or Money Order	Credit Card Number: _____ Expiration Date: _____ Three Digit Security Code: _____		
By signing, I understand that I will be charged a <b>non-refundable</b> \$100.00 fee, and if needed, \$20.00 to issue an original Alaska driver's license, if surrendering an out of state license.			
X _____ Signature of Card Holder		_____ Date	
<b>Read and Check Each Statement Below:</b>			
<input type="checkbox"/> 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(a)(3). <input type="checkbox"/> Circumventing or tampering with the ignition interlock device is a class A misdemeanor. [AS 11.76.140] <input type="checkbox"/> 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)(3)(B)(iii)] <input type="checkbox"/> I must produce these records immediately upon request to law enforcement or the DMV. <input type="checkbox"/> I have surrendered any and all driver's licenses to the police or to the DMV. <input type="checkbox"/> If I am required to have an alcohol restricted license or ID, I have surrendered all unrestricted licenses to the DMV.			
<i>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.</i>			
<b>Applicant Signature:</b> _____		<b>Date:</b> _____	

FOR DIVISION USE ONLY	
<b>Vision Test</b>	<b>Notes</b>
<b>Left:</b> 20/____ <b>Both:</b> 20/____ <b>Right:</b> 20/____ <input type="checkbox"/> With Corrective Lenses <input type="checkbox"/> Without Corrective Lenses LDAP/ OFFICE NUMBER: _____ Date Received in ADS   By: _____	
<b>General Knowledge Test</b>	Motorcycle Written (optional)
Date Passed: _____ LDAP/ Office Number: _____	Date Passed: _____ LDAP/ Office Number: _____
<b>Documents Collected with this application</b>	<b>Notes</b>
ASAP    IID*    SR-22*    ID*    J rest ID* Driver's License*    \$100.00 pymt *Not required for application	