

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

**NON-COMMERCIAL LIMITED LICENSE APPLICATION FOR
MANDATORY INSURANCE SUSPENSION**

GENERAL INFORMATION: Mail or deliver the completed application to the address shown above. Failure to complete all necessary sections of your application will delay your limited license. You may be eligible for a limited license if you have not been suspended for mandatory insurance more than twice in the last 10 years [AS 28.22.041(c)(2)]. If you have not surrendered your driver license, you must submit it with this application.

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 suspension/revocation period?

3. **Parental Consent:** If under 18 years of age, a completed parental consent form (notarized or witnessed by a DMV employee) must accompany this application.

4. **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): _____

To drive to and from medical appointments for myself or for my dependent(s), via the most direct route.

MUST BE COMPLETED FOR MEDICAL CARE:

5. **Verification of Medical Care:**

I certify that _____ has a chronic illness and medical appointments are scheduled with

Dr. _____ located at _____, as listed below.

I certify that I am authorized to verify medical appointments for the doctor listed above.

Authorized Signature _____ Title _____ Date _____

Appointment Date(s) and Time(s): _____

Please be specific, as generalities shall cause application rejection. If necessary, you may attach a separate sheet to explain medical care needs.

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

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

Agency Name & Address: _____

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 shall cause application rejection.

7. 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

8. 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 commercial motor vehicles that require a Commercial Driver License cannot be driven on a limited license per AS 28.33.140(f).

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 Licensing office.

The following items are required to be submitted with your application to obtain a limited license:

- Copy of SR-22 insurance
- Original driver's license (If not previously surrendered)
- Copy of current business license (if self-employed)
- Copy of Medical Appointment(s) scheduled, if applicable
- Parental Consent (If under 18 years of age)

9. Applicant's Signature: _____ Date: _____