

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

4. 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 satisfied /completed the alcohol education and rehabilitation treatment program requirements.

PRINTED NAME AUTHORIZED SIGNATURE DATE

AGENCY NAME ADDRESS 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) (TUES) (WED) (THURS) (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. If necessary, attach a separate page.

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

The employee must only drive a vehicle equipped with an ignition interlock device.

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

I certify that _____ will only:

Drive the employee's private vehicle equipped with an ignition interlock device for company business; the hours of operation will be limited to those verified above.

Drive the company vehicle, equipped with an ignition interlock device, described below.

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 this initial application is completed properly the processing and issuance of the STEP TWO letter may take up to 10 working days from the date of receipt by the Driver Licensing office. I understand that I am not required to install an ignition interlock device in my vehicle until the department sends me the STEP THREE requirement letter. 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:

- \$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)

8. Applicant's Signature: _____ **Date:** _____