

Order for Restricted License (Class D, M) or Temporary Driver License
Tennessee Department of Safety
Driver Improvement Section
P.O. Box 945 Nashville, TN 37202

RESTRICTED APPLICATION VALID FOR FREQUENT TRAFFIC (POINTS) SUSPENSION ONLY

Application must be filled out completely, signed and returned to the above address or returned to a Hearing Officer. Approved applicants must file SR-22 insurance on personal vehicle and pay required fees. Faxed copies not accepted

NAME _____ DATE OF BIRTH _____ TN. DRIVER LICENSE # _____

ADDRESS _____ HOME PHONE # _____

Authority: T.C.A. 55-50-331 & 55-50-505

I. Statement of person applying for restricted license or temporary driver license

I, _____, have submitted the following personal information and statement
SIGNATURE

from my employer/school in presenting my request for a restricted driver license or temporary driver license, that I need to drive to and from my place of employment and/or during the course of my employment or school. I understand that if a restricted license or temporary driver license is issued to me, I will be able only to operate a motor vehicle as stated on my application and that **I MUST KEEP A COPY OF THIS APPLICATION WITH ME AT ALL TIMES.** Furthermore, upon violation of any restriction imposed by this order, I am subject to arrest and withdrawal of my restricted driving privileges. I understand that any changes to my personal, employment or school information will require a new application.

II, IMPORTANT! The following information must be completed, whereas this and all information on application will be verified.

1. Most direct route from residence to employment/school. (Include road names)

TOTAL MILEAGE _____

III. Supervisor's Statement

1, Name of Business _____ Bus. Phone# _____

Address _____

2, How long has the applicant been employed with your company? _____

What is the employee's schedule: Days _____ Hours _____

Is it necessary that he/she operate his/her personal motor vehicle? YES _____ NO _____

Company Motor Vehicle YES ___ NO ___ If yes, what type of vehicle _____

Describe the driving that is necessary for this employee_____

SUPERVISOR SIGNATURE DATE

IV. Employer’s Insurance Information (Complete only if driving employer’s vehicle)

Name and Address of Insurance company_____

Phone #_____ Policy Number_____

Policy Period: From_____ TO_____

AGENTS SIGNATURE DATE

V. Self-employed Applicant’s Statement

You must submit with this order a written narrative explaining exactly why and when it will be necessary for you to operate a motor Vehicle in the course of employment.

VI. Educational facility

If you are attending school, you must submit a copy of your class schedule, along with the record keepers name and telephone number to verify the information.

FOR DEPARTMENT USE ONLY

This application has been approved for issuance of a Restricted Driver Improvement Driver’s License or temporary driver license. **The applicant must adhere to all restrictions stated on this document.**

RESTRICTIONS: Restricted license or Temporary Driver License valid in the State of Tennessee. Travel outside of Tennessee would require PRE APPROVAL from that State.

MUST LIST COMPLETE ROAD DIRECTIONS, TIMES AND DAYS

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HEARING OFFICER DATE

ATTENTION DRIVER EXAMINER: This individual has been authorized to obtain a restricted driver license or temporary driver license with the restrictions listed above. This application must be signed, dated and stamped by a hearing officer before issuing.