



RESTRICTED DRIVING PERMIT APPLICATION

Restricted driving permits (RDP) are issued only to applicants who meet all eligibility requirements. Applicants must have completed mandatory suspension periods. Incomplete applications will not be accepted. Answer the questions below to help determine your eligibility for a restricted driving permit. Applicant will receive a response by email, if so requested, or by mail. Please allow 3 to 5 business days to process.

1) Were you under the age of 17 when cited for this offense?	Yes	No	If yes, you do not qualify for an RDP.
2) Are you an Idaho resident?	Yes	No	Continue.
3) Do you have a non-expired driver's license?	Yes	No	If no, you do not qualify for an RDP.
4) Is your license currently suspended or revoked in another state?	Yes	No	Continue.
5) Are you seeking a restricted driving permit due to an administrative license sus-pension (ALS)? <i>Alcohol or drug.</i>	Yes	No	Continue.
5A) If yes, is this your second ALS within the past five years?	Yes	No	If yes, you do not qualify for an RDP.
6) Have your driving privileges been revoked or suspended within the last three years?	Yes	No	Continue.
6A) If yes, have your privileges been revoked or suspended three or more times within this three-year period?	Yes	No	If yes, you do not qualify for an RDP.
7) Have you been issued an RDP within the last 2 years for a similar offense?	Yes	No	If yes, you do not qualify for an RDP.
8) Have all your reinstatement requirements been met, or will they be considered met with submission of this application packet?	Yes	No	If no, you do not qualify for an RDP.

Applicant's Name		Driver's License No.		
SSN	Date of Birth (00/00/0000)			
This address will be registered with the Idaho Transportation Department.				
Residential Address		City	State	Zip
Mailing Address (if different from above)		City	State	Zip
Temporary Residential Address (if applicable)		City	State	Zip
Contact Phone Number		Email Address		

Restricted driving permit subject to eligibility requirements. This is not a permit.

REQUIRED DOCUMENTATION AND PAYMENT

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE RESTRICTED DRIVING PERMIT APPLICATION.

1 **Proof of Insurance**
Proof of valid motor vehicle liability insurance (SR-22 if required) *in your name*.

2 **Driver's Agreement**
A signed and dated driver's agreement (ITD 3238).

3 **Work and/or School Verification for Restricted Driving Permit**
The work and/or school verification for restricted driving permit (ITD 3208) must be completed by the employee and signed by the employer and/or school administrator if seeking permission to drive a noncommercial vehicle for work or school.

4 **Reinstatement Fee(s)**
To **view your reinstatement fees, go to dmv.idaho.gov**. Select the blue tab for Driver's License/ID Cards. In the yellow box to the right, select Driver's License Reinstatement.
Or you may call DMV Operations at (208) 584-4343.

5 **Restricted Driving Permit Fee**
The restricted driving permit fee of **\$60.00**.

Authorize payment using your credit card.		<i>Reinstatement Fee + \$60.00 Permit Fee = Total Amount To Be Charged</i>	
Total Amount \$	Credit Card Number	Expiration Date	Authorized Signature

Applicant Oath and Signature

By affixing my signature below, I hereby state under penalty of perjury pursuant to the law of the State of Idaho, that:

- I have not made a false, incomplete, or incorrect statement of any fact on this application;
- I am physically and mentally capable of safely operating a motor vehicle;
- This permit will not allow for the operation of a commercial motor vehicle (CMV) as defined in I.C. 49-123(2)(D).

Applicant's Signature	Date
Parent/Legal Guardian Signature if Applicant is Under 18 Years of Age	Date

Submit the completed restricted driving permit application with all required materials to:

Idaho Transportation Department
DMV Operations —Restricted Permits
PO Box 34
Boise, ID 83731-0034

Email to: RDPermits@itd.idaho.gov

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DRIVER'S AGREEMENT

This permit is issued in accordance with IDAPA 39.02.70, which requires:

- a. Cause exists to suspend or revoke the driver's license or privileges of the applicant and that the driver's license of the applicant is sus-pended or revoked;
- b. The applicant shall obey all motor vehicle laws;
- c. The applicant shall provide and maintain adequate motor vehicle liability insurance;
- d. The applicant shall notify the Department within one (1) business day following arrest, citation, accident or warnings by any law enforcement officer with regard to motor vehicle violations or alleged violations, and any change of address, telephone number, or place of employment;
- e. The applicant shall not operate any motor vehicle after consuming any alcohol, drugs, or other intoxicating substances;
- f. The applicant shall submit to any evidentiary testing to determine alcohol concentration at any time at the request of any peace officer;
- g. The applicant shall operate a motor vehicle only for those reasons specified on the restricted driving permit;
- h. The applicant shall abide by all rules and regulations concerning the restricted driving permit;
- i. The applicant's restricted driving permit may be canceled by the Department without a hearing for violation of the terms of the agreement or other conditions specified on the restricted driving permit (Section 600); and
- j. The applicant understands that if he/she pleads guilty, is found guilty of, or forfeits bond to any future moving traffic violation(s) or receives an additional Department or court suspension, the restricted driving permit may be canceled, the driving privileges may be resuspended or revoked, and the applicant may not be eligible to receive another restricted driving permit for said suspension.

CANCELLATION OF RESTRICTED DRIVING PERMIT

The Department may cancel a restricted driving permit and shall re-activate the suspension or revocation order which will expire according to the original order if the terms or restrictions of the written driver's agreement are violated (Section 500.02).

I have read and understand the Driver's Agreement and agree to comply with its terms.
 This agreement will be null and void should eligibility requirements for the restricted driving permit not be met.

Print Applicant's Name	DL Number or SSN
Applicant's Signature	Date
Parent/Legal Guardian Signature if Applicant is Under 18 Years of Age	Date

Submit the completed Driver's Agreement **with the restricted driving permit application** to:

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 PO Box 34
 Boise, ID 83731-0034

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WORK VERIFICATION FOR RESTRICTED DRIVING PERMIT

This form must be completed and signed by the employer and/or by a school official. Return this form with the restricted driving permit application (ITD form 3227) .

The following information concerning the individual's driving needs is required by the Idaho Transportation Department for issuance of a restricted driving permit (RDP). If self-employed, the same information must be provided and the driver must sign as the Business Representative. If you operate a vehicle for an employer, please provide your employers insurance information.

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WORK VERIFICATION

Employee Work Information

Employee's Name		Driver's License No.	
Employee's Occupation		Self-Employed <input type="checkbox"/> Y <input type="checkbox"/> N	
Use of employer's vehicle (non-CMV only) <input type="checkbox"/> To work <input type="checkbox"/> From work <input type="checkbox"/> During work		Name of employer's auto insurance company (if applicant uses employer's vehicle)	
List counties in which driving privileges are required for work:		List states in which driving privileges are required for work:	

Employer Verification

By signing below, the employer/supervisor verifies that the information supplied above is complete and accurate.

Business Name		Business Telephone	
Business Street Address		City	State Zip Code
Business Representative's Printed Name		Title	
Business Representative's Signature		Date	

IT IS THE EMPLOYEE'S RESPONSIBILITY TO CARRY A COPY OF THEIR CURRENT WORK SCHEDULE WITH THE RESTRICTED DRIVING PERMIT.

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SCHOOL VERIFICATION FOR RESTRICTED DRIVING PERMIT

Verification must be provided for applicants enrolled full or part-time in an academic or vocational training program. Continue to the applicant oath and signature if not enrolled in school.

SCHOOL VERIFICATION

Student School Information

Student's Name	Driver's License No.
<input type="checkbox"/> Enrolled Full-time Student	<input type="checkbox"/> Enrolled Part-time Student

Institution Verification

By signing below, the institution's representative verifies that the information supplied above is complete and accurate.

Name of Educational Institution	Business Telephone		
Educational Institution Street Address	City	State	Zip Code
Educational Institution Representative's Printed Name	Title		
Educational Institution Representative's Signature	Date		

IT IS THE STUDENT'S RESPONSIBILITY TO CARRY A COPY OF THEIR CURRENT CLASS SCHEDULE WITH THE RESTRICTED DRIVING PERMIT.

APPLICANT OATH AND SIGNATURE

By affixing my signature below, I hereby state under penalty of perjury pursuant to the law of the State of Idaho, that:

- I have not made a false, incomplete, or incorrect statement of any fact on this application;
- This permit will not allow for the operation of a commercial motor vehicle (CMV) as defined in I.C. 49-123(2)(D)

Applicant's Signature	Date
Parent/Legal Guardian Signature if Applicant is Under 18 Years of Age	Date

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Physician Information

Idaho state code 18-8002A (9) Restricted Driving Privileges. A person served with notice of suspension for (90) days pursuant to this section may apply to the Department for restricted driving privileges, to become effective after a thirty (30) day absolute suspension has been completed. The request may be made at any time after service of the notice of suspension. Restricted driving privileges will be issued for the person to drive to and from work and for work purposes, to attend an alternative high school, work on a GED, for postsecondary education, or to meet the medical needs of the person or his family if the person is eligible for restricted driving privileges. The Department has determined that 'for work purposes' shall include seeking employment. The restrictions would be 8 a.m. to 5 p.m., Monday through Friday.

This form is for those who are seeking a permit for medical purpose, it is not applicable to everyone.

Driver's Name		Driver's License No.	
Patient's Name		Relation to Driver	
Name of Physician		Business Telephone	
Physician Street Address	City	State	Zip Code
Name of Secondary Physician		Business Telephone	
Physician Street Address	City	State	Zip Code

APPLICANT OATH AND SIGNATURE

By affixing my signature below, I hereby state under penalty of perjury pursuant to the law of the State of Idaho, that:

- I have not made a false, incomplete, or incorrect statement of any fact on this application;
- This permit will not allow for the operation of a commercial motor vehicle (CMV) as defined in **I.C. 49-123(2)(D)**.

Applicant's Signature	Date
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