TEMPORARY RESTRICTED LICENSE REQUEST

North Dakota Department of Transportation, Drivers License
SFN 2254 (6-2019)

GENERAL INFORMATION ABOUT TEMPORARY RESTRICTED LICENSES

- Minimum age requirement to obtain Temporary Restricted License is 18 years of age.
- Temporary Restricted License is for Class D or M only (You may be required to retest if your driving privileges have been revoked or expired over 1-year).
- Reinstatement fee must be paid.
- Investigations are conducted by Driver's License Division to determine the validity of information submitted.

MAIL, EMAIL, OR FAX COMPLETED FORM TO:	DRIVERS LICENSE DIVISION NORTH DAKOTA DEPARTMENT OF TRANSPORTATION 608 E BOULEVARD AVE BISMARCK ND 58505-0750 drs@nd.gov Fax: (701)328-2435

INSTRUCTIONS ON COMPLETING THE APPLICATION FORM

All applicants must complete parts I & II. Part III must be completed by your employer. Part IV must be completed if you are self employed. Part V must be completed if you are requesting driving time to/from school. Part VI must be completed when participating in the 24/7 Sobriety Program to qualify for a Temporary Restricted License. Part VII must be completed if you are requesting driving time to attend counseling/treatment sessions. Parts I and VIII to be completed only if you are updating your employment or address information on your Temporary Restricted License.

I. APPLICANT'S CERTIFICATION

I understand that a temporary restricted license is limited (restricted) to driving for employment and supporting life maintenance needs. Life maintenance needs is defined as the necessity to prevent the substantial deprivation of the education, medical, or nutritional needs of myself or an immediate family member. Driving outside these restrictions is unlawful. I acknowledge that if I am employed or seeking treatment outside of North Dakota that it is my responsibility to check with law enforcement in that state to ensure that state recognizes the use of this temporary restricted license. Under the penalty of perjury, I certify that the information contained in this application is true and correct. I understand failure to properly complete this application in its entirety will void my request. I further certify that I have motor vehicle liability insurance coverage.

Applicant's Signature	Date

DLN | | | | | | | | | |

II. APPLICANT'S INFORMATION

Full Name				Date of Birth	
Resident Address (Not PO Box)	City	State	ZIP Code	Telephone Number	
Mailing Address (If different then resident address)		City		State	ZIP Code
Explain the reason you need a temporary restricted license (employment, 24/7 Sobriety Program)					

III. EMPLOYER'S INFORMATION - TO BE COMPLETED BY EMPLOYER

Employer	Name of Business		
Business Address (Not PO Box)	City	State	ZIP Code
Print Name of Supervisor		Telephone Number	
Signature of Supervisor		Date	

IF YOU HAVE ADDITIONAL EMPLOYMENT, YOU WILL NEED TO COMPLETE SECTION III FOR EACH EMPLOYER.

IV. SELF-EMPLOYED INFORMATION - YOU MAY BE ASKED TO PROVIDE PROOF OF SELF EMPLOYMENT

Name of Business	Type of Business		
Address	City	State	ZIP Code

V. SCHOOL INFORMATION

Name of School	Telephone Number		
Address	City	State	ZIP Code
School Administrator's Signature			Date

A COPY OF APPLICAN'TS CLASS SCHEDULE MUST BE KEPT IN YOUR VEHICLE

VI. PARTICIPATION IN THE 24/7 SOBRIETY PROGRAM

I confirm that I am participating in the 24/7 Sobriety Program. I understand that by participating in the 24/7 Sobriety Program, I must provide Driver's License Division proof of participation by means of a Bond Order from the court or other proof of participation acceptable to the director.

Applicant's Signature (needed only if participating in the sobriety program)	Date

VII. COUNSELING/TREATMENT INFORMATION

Name of Counseling Center	Telephone Number		
Business Address (Not PO Box)	City	State	ZIP Code

VIII. UPDATING INFORMATION ONLY

PLEASE CHECK THE APPROPRIATE BOX(S)

Please update the following information and mail a revised Temporary Restricted License with the revised information.

I have had a change of: ☐ Address Only ☐ Employment Only ☐ Address and Employment ☐ Additional Job

Name	Telephone Number		
Address (Not PO Box)	City	State	ZIP Code
Name of Employer	Telephone Number		
Business Address (Not PO Box)	City	State	ZIP Code
Signature of Employer		Date	

PLEASE READ IMPORTANT INFORMATION BELOW

1. If you have had 2 alcohol offenses within 5 years and you are not 1-year violation free, you must be in the 24/7 Sobriety Program to qualify for the TRL.
2. All TRL's are issued for a period not to exceed six months. If your privileges are suspended for longer than six months, the TRL will be automatically renewed as long as you still meet the necessary requirements.
3. If your driving privileges are suspended, revoked, or canceled in any other state, you will not qualify for a TRL.
4. Your Temporary Restricted License will be canceled if:
   - You cancel your SR-22 (as long as it is still required)
   - You receive another criminal traffic offense
   - You are found in non-compliance with the 24/7 Sobriety Program (if it is required)
   - You terminate your alcohol treatment (if treatment is required)
   - Our office is notified you have unpaid court fines or unpaid fines in another jurisdiction
5. If you have not met the requirements within 3 months of submitting your initial application, you will be required to submit a new application.
6. You must notify our office within 10 days if you have had a change of employment and an updated temporary restricted license will be issued.