

STATE OF ALASKA DIVISION OF MOTOR VEHICLES
APPLICATION FOR LIMITED LICENSE
DUI/OUI OR ADMIN PER SE

This application is for limited Non-Commercial driving privileges for a felony OR misdemeanor DUI/OUI or Admin Per Se revocation.

Who this is for:

- You have been convicted in court or administratively for a misdemeanor or felony DUI/OUI and are currently in revoked status.
- You have applied for an administrative hearing, but have voluntarily revoked your license privileges while awaiting an administrative hearing.

There are no limited license privileges for:

- Court or Administrative revocations for Refusal to Submit to Chemical Test [AS 28.15.201(d)(1)].
- Operating commercial motor vehicles.
- Conviction for DUI while on probation for a prior DUI or Refusal. [AS 28.15.201(d)(6)]
- Conviction for driving in limitation under [AS 28.15.201(d)(3)]

To Apply:

- Complete this application
- For **misdemeanor applicants** provide an 'In Compliance' or 'Completed' letter from the ASAP office. You can contact the Anchorage ASAP office for further information, (907)264-0735.
- For **felony applicants**, please provide one of the following court releases: CR-741, 742, 743, or 744. This is from Wellness Court.
- A **non-refundable** application processing fee of \$100.00. You can pay this by check payable to State of Alaska, credit card, or money order. **DO NOT MAIL CASH.**
- Email, mail, or hand deliver your application to doa.dmv.limited@alaska.gov, or to Anchorage Driver Services, 3901 Old Seward Highway, Suite 101, Anchorage, AK 99503. **DO NOT FAX YOUR APPLICATION.**

After You Submit Your Application:

- Your application will be reviewed within 10 business days.
- You will receive an email or letter with further instructions on completing your application.

First Name	Middle Name	Last Name	Suffix

Alaska License/ID Number	Date of Birth	Court Case Number

Mailing Address	City	State	Zip

Daytime Phone Number	Email

Method of Payment	For Credit Card Payment Only
<input type="checkbox"/> Credit Card (number provided) <input type="checkbox"/> Check or Money Order	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AmEx Credit Card Number: _____ Expiration Date: _____ Three Digit Security Code: _____

By signing, I understand that I will be charged a **non-refundable** \$100.00 fee, and if needed, \$20.00 to issue an original Alaska driver's license, if surrendering an out of state license.

X _____
 Signature of Card Holder _____
Date

Read and Check Each Statement Below:

- If I drive/operate a vehicle not equipped with an ignition interlock device outside of an exempt area, I will be subject to the penalties for driving with a revoked license under AS 28.15.291(a)(3).
- Circumventing or tampering with the ignition interlock device is a class A misdemeanor. [AS 11.76.140]
- I must maintain the ignition interlock device throughout the period of the limited license and keep up-to-date records in the vehicle showing that any required service and calibration is current. [AS 28.15.201(d)(3)(B)(iii)]
- I must produce these records immediately upon request to law enforcement or the DMV.
- I have surrendered any and all driver's licenses to the police or to the DMV.
- If I am required to have an alcohol restricted license or ID, I have surrendered all unrestricted licenses to the DMV.

I agree and understand that any misstatement of material facts herein may cause cancellation and/or denial of the limited license. I agree and understand that failure to maintain the ignition interlock device for the period of the limited license, circumventing, or tampering with the device while holding a limited license, or violating the terms of the limited license will result in the cancellation of the limited license.

Applicant Signature: _____ **Date:** _____

FOR DIVISION USE ONLY	
Vision Test	Notes
Left: 20/____ Both: 20/____ Right: 20/____ <input type="checkbox"/> With Corrective Lenses <input type="checkbox"/> Without Corrective Lenses LDAP/ OFFICE NUMBER: _____ Date Received in ADS _____ By: _____	
General Knowledge Test	Motorcycle Written (optional)
Date Passed: _____ LDAP/ Office Number: _____	Date Passed: _____ LDAP/ Office Number: _____
Documents Collected with this application	Notes
ASAP CR-74__ IID* SR-22* ID* J rest ID* Driver's License* \$100.00 pymt *Not required for application	