



Department of the Secretary of State
Bureau of Motor Vehicles

WORK-RESTRICTED DRIVER'S LICENSE PETITION
Applies to Class C, Non-Commercial Driving Privileges Only

\*\*\*You must submit your license and reinstatement fee(s) prior to consideration of your petition\*\*

\*\*This petition will not be considered unless fully completed\*\*

ATTENTION: The time that you are driving on a work-restricted license will not count as suspension time if you are convicted or adjudicated of the OUI offense.

Mail completed petition to: Bureau of Motor Vehicles, OUI/HO Section
29 State House Station
Augusta, Maine, 04333-0029
Telephone #: 207-624-9000 Extension: 52104

NAME: DATE OF BIRTH: LICENSE #:

MAILING ADDRESS:

HOME TELEPHONE #: CELL #:

SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT

This statement is made in accordance with the Federal Privacy act of 1974, Section 7(b). Disclosure of your social security number is mandatory and is required by 29-A MRSA §1301 (5) and (6) to apply for or renew a driver's license or non-driver identification card. Your social security number will be used solely for administrative purposes and will be kept confidential.

Social Security Number: - -

Note: If you have more than one employer, a separate petition must be completed for each employer. If you are self-employed, you must submit information showing your self-employment, such as the names and numbers of any special licenses, business cards, business checks, business letterhead, state or federal tax returns, seller's or tax certificates, etc.

Are you licensed to operate in any other state? Yes No If yes, which state?

Are your privileges to operate a motor vehicle currently under suspension in any other state or province? Yes No

If yes, which state or province?

Have you been convicted of OUI for the offense for which you are applying for a work restricted license? Yes No

If yes, what was the date you were convicted? Court where the OUI conviction occurred:

Are you currently employed: Yes No Work Telephone #:

Name of Employer: Job title & Description:

Address: Driving time & distance to work:

Name & Title of your immediate supervisor:

Which days of the week do you work?

Work hours: Start a.m./p.m. End a.m./p.m.

Is driving, other than to and from work, part of your job? Yes No

Additional work Information:

WARNING: Making a false statement on this form is a criminal offense and may result in revocation of a restricted license. If you commit any motor vehicle violations while in possession of a restricted license, or violate the restrictions imposed on your license, your driving privileges will be suspended.

I hereby authorize the Secretary of State to contact my employer to confirm the above information.

Signature of Applicant:

EMPLOYER VERIFICATION OF WORK STATEMENT

I verify that the above information is true and that I expect this employee to be employed by me for the immediate future.

Signature of Employer: