South Carolina Department of Motor Vehicles

ROUTE RESTRICTED DRIVER’S LICENSE APPLICATION

DO NOT SEND CASH, CHECK OR MONEY ORDER WITH THIS APPLICATION

This application must be typed or printed in black ink.

Name: ____________________________
Address: __________________________
State: ____________________________ Zip Code: ____________
City: ____________________________

Sex: ____________________________ Date of Birth: ____________

Hgt: ____________________________ Driver’s License Number: ____________________________
Wgt: ____________________________
Phone Number: ____________________________

Under penalties of perjury, I hereby certify the following:

a) On the date of the violation, I was a licensed driver.

b) I live further than one mile from my place of employment or educational institutions and that adequate public transportation is not available.

c) The below information is true and correct. I am also aware that any variation in the times or route listed below may result in a charge of Driving Under Suspension and, upon conviction, suspension of any driving privileges.

Signature: ____________________________ Date: ____________________________

INSTRUCTIONS: The route(s) must be explained in detail. Begin at residence street address and end at the (Section #1) employment street address, (Section #2) college or university or court ordered drug program street address. Use back of form if more space is needed.

SECTION 1 - I am employed by:

Name of Employer: ____________________________
Address: ____________________________
City: ____________________________ State: ____________________________
Zip Code: ____________________________

The time I commute to and from work:
(Fill in the appropriate spaces)

Leave Residence AM Arrive at Work AM Leave Work AM Arrive at Residence AM
PM PM PM PM

Route: ____________________________

SECTION 2 - I am enrolled in (College or University approved by the S.C. Commission on Higher Education or a court ordered drug program):

Name of Learning Institution: ____________________________
Address: ____________________________
City: ____________________________ State: ____________________________
Zip Code: ____________________________

The time I commute to and from the learning institution:
(Fill in the appropriate spaces)

Leave Residence AM Arrive at Class AM Leave Class AM Arrive at Residence AM
PM PM PM PM

Route: ____________________________

Note: This document is not authentic unless it is signed and dated below. This document along with your South Carolina Route Restricted Driver’s License (DL) must be in your possession at all times when operating a motor vehicle. Present this document in conjunction with the Route Restricted DL whenever law enforcement requests to see your Driver’s License.

THE BELOW INFORMATION IS FOR DMV OFFICE USE ONLY

Type Susp: ____________________________ Susp Begin Date: ____________ Date Route Approval Expires: ____________

Signature of employee in Driver Records who is authorized to approve routes ____________ Date ____________

SC Department of Motor Vehicles, PO Box 1498, Blythewood, SC 29016-0028