

### REQUEST FOR CONDITIONAL PERMIT TO DRIVE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

License No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Expiration: \_\_\_\_\_

CIRCLE DAYS OF THE WEEK THAT YOU WORK: S, M, T, W, TH, F, S

TIME YOU LEAVE FOR WORK: \_\_\_\_\_

TIME YOU RETURN HOME FROM WORK: \_\_\_\_\_

EXACT HOURS OF WORK: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

WILL YOU BE OPERATING A COMPANY VEHICLE: \_\_\_\_\_

OTHER FACTORS AND/OR PRIVILEGES REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Defendant's Signature

Do Not Write in the Space Below!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Privileges as Requested above are Granted  
Privileges as Requested are Denied.  
Privileges are Granted as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
With Special Family Plates / Ignition Interlock / Alcohol Monitoring (S.C.R.A.M.)  
(Codes: IIFS and IIFL)

\_\_\_\_\_  
Kent L. North, Judge