

Journalized: _____

REQUEST FOR CONDITIONAL PERMIT TO DRIVE

Name: _____

Address: _____

City, State, Zip: _____

SSN: _____ D.O.B.: _____

License No.: _____ Date Issued: _____

Expiration: _____ Telephone #: _____

Cell Phone # _____ Email Address: _____

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!

Reverse side must be completed by employer
if you operate a company vehicle

_____ Privileges as Requested above are Granted. Driving Card to be prepared by clerk's office. Privileges are NOT effective until card is picked up from the Clerk's office by the defendant.

_____ Privileges as Requested are Denied.

_____ Privileges are Granted as follows: _____

_____ _____

_____ With Special Family Plates

Kent L. North, Judge

**BRYAN MUNICIPAL COURT EMPLOYER EXCEPTION NOTIFICATION FOR
DRIVING PRIVILEGES USING EMPLOYER'S MOTOR VEHICLE**

I, _____, (name of employer / supervisor and position in company) of _____ (name of company) acknowledge receiving notice that _____ (employee name) has been charged or has been convicted of operating a motor vehicle under the influence of alcohol / drugs of abuse or driving under suspension and the employee operates a vehicle owned by the company / business. I acknowledge the employee does not own the vehicle he / she will be operating in the course of his / her employment and the employee is not an owner or has any controlling interest in the company / business.

Date: _____

Signature of Employer / Supervisor

Address of Company:

Phone Number: _____

**THIS DOCUMENT MUST BE FILLED OUT BY EMPLOYER AND RETURNED TO THE
BRYAN MUNICIPAL COURT BEFORE DRIVING PRIVILEGES WILL BE CONSIDERED.**