Journalized:

Name:	
Address:	
City, State, Zip:	
SSN: <u>XXX-XX-</u>	D.O.B.:
License No.:	
Expiration:	Telephone #:
	Email Address:
CIRCLE DAYS OF THE WEEK TH	AT YOU WORK: S, M, T, W, TH, F, S
TIME YOU LEAVE FOR WORK:	
	WORK:
EXACT HOURS OF WORK:	FROM TO
OCCUPATION:	
CITY, STATE:	
WILL YOU BE OPERATING A COM	MPANY VEHICLE:
	LEGES REQUESTED:
	Reverse side must be completed by employer
Defendant's Signature Do Not Write in the Space Below!	if you operate a company vehicle
	sted above are <u>Granted</u> . Driving Card to be office. Privileges are <u>NOT</u> effective until card is
picked up from the (Clerk's office by the defendant.
Privileges as Reque	sted are <u>Denied</u> . ed as follows:
Openial Formily Dista	- Deguined Ignition Interlack Deguined
Special Family Plate	es Required Ignition Interlock Required

Kent L. North, Judge

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

l,	, (name of employer /
supervisor and position in company) of	(name
of company) acknowledge receiving notice that _	
(employee name) has been charged or has be	en convicted of operating a motor vehicle
under the influence of alcohol / drugs of abu	ise or driving under suspension and the
employee operates a vehicle owned by the c	ompany / business. I acknowledge the
employee does not own the vehicle he / she v	vill be operating in the course of his / her
employment and the employee is not an owr	ner 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.