	LICATION FOR RESTRICT nonwealth of Virginia	ED DRIVER'S LICE			
	_		[] General District Court [] Circuit Court		
•••••	CITY/COUN		[] varenie & Boniesie remaions i	Sistret Court	
	DEFENDANT		DRIVER'S LICENSE NUMBER	STATE	
	ADDRESS		DATE OF BIRTH		
CITY	STATE	ZIP	DATE OF OFFENSE		
	TELEPHONE NUMBER				
licens to and	se or for an unpaid judgment; therefor the following locations for the large travel to and from primary job	re, I request that the court e following purpose(s):	t makes me eligible for a restricted driver's grant a restricted driver's license for travel	(Court use only) APPROVED	
	Name and Location of Employer:				
				[] YES [] NO	
	Leave Home:	Arrive at Work:			
Г	Leave Work:	Arrive at Home:			
L					
				[] YES [] NO	
	•			[]120[]110	
	Leave Home: Leave Work:				
(b) [_			[] YES [] NO	
(c) [] Travel during work hours only as required by my employer:				f 3 f 3	
Hours of required travel:				[] YES [] NO	
	Written verification must be carried				
(d) [
	Leave Home:			[] YES [] NO	
	Leave School:	Arrive at Home:			
(e) [3 3	•			
		person: Medical provider i	name:	[] YES [] NO	
Location:				[] YES [] NO [] and on each motor vehicle owned by or registered to person	
(f-2) [] Travel to and from the facility that installed or monitors the ignition interlock in the vehicle(s), if ignition interlock is ordered.				[] YES [] NO	
(g-1) [] Necessary travel to transport a minor child(ren), who is/are under my care, to and from his/her/their school. Name and Location of School: Dates and Times:				[] YES [] NO	
(g-2)	Name and Location of Day Ca	or child(ren), who is/are und re Provider:	der my care, to and from day care	[] YES [] NO	
(g-3)] Necessary travel to transport a min	or child(ren), who is/are und	der my care, to and from medical providers	[] YES [] NO	

NOTE: This is page one of a two-page form.

COMMINITED EDOM DAGE 1	
CONTINUED FROM PAGE 1	
(h) [] Necessary travel for Court Ordered visitation with child(ren) Name(s):	[]YES []NO
(i-1) [] Travel to and from appointments with probation officer Name and Location of Probation entity	[]YES []NO
(i-2) [] Travel to and from programs required by court or as a condition of probation Program Name and Location: Program Name and Location:	[]YES []NO
(j) [] Travel to and from a place of religious worship Name and Location of place of religious worship: Day of Week (one day per week): Leave Home: Leave place of religious worship: Arrive at place of religious worship: Arrive Home:	[]YES []NO
(k) [] Travel to and from appointments approved by the Division of Child Support Enforcement of the Department of Social Services as a requirement of participation in an administrative or court-ordered intensive case monitoring program for child support for which I will have with me written proof of the appointment, including written proof of the date and time of the appointment.	[]YES []NO
(m) [] Travel to and from jail to serve a jail sentence that is to be served on weekends or on nonconsecutive days.	[]YES []NO
(n) [] Travel to and from a job interview for which I will have with me written proof from my potential employer of the date, time and location of the job interview.	[]YES []NO
(q) [] Travel to and from the offices of the Virginia Employment Commission for the purpose of seeking employment.	[]YES []NO
[] I was convicted of a first offense under § 18.2-266 or a substantially similar ordinance of any county, city or town with a blood alcohol content less than .15 and was an adult at the time of the offense. I request that the only condition of my restricted driver's license be that I am prohibited from operating a motor vehicle without a functioning, certified ignition interlock system as required by law.	[]YES []NO
[] I was convicted of reckless driving and ordered to enter into and successfully complete an alcohol safety action program. I request that the only condition of my restricted driver's license be that I am prohibited from operating a motor vehicle without a functioning, certified ignition interlock system as required by law.	[]YES []NO
[] I am requesting to operate a motor vehicle for any purpose, with the conditions that (1) I only operate a motor vehicle that is equipped with a functioning, certified ignition interlock system; (2) I use a remote alcohol monitoring device; and (3) I refrain from alcohol consumption.	[]YES []NO
I certify that the above information is true and accurate, that my driving privileges are not revoked or suspended for that I have no other pending charges against me that have not been divulged to the court. I understand that a Rest permits me to operate a motor vehicle under the conditions approved by the Court. I further understand that she outside the restrictions of the Restricted Driver's License, I may be subject to the imposition of previously suspende and new criminal charges may be brought against me.	ricted Driver's Licen ould I be found driving
DATE DEFENDANT'S SIGNATURE	
Reviewed and Approved as indicated:	
	·
DATE	

NOTE: This is page two of a two-page form