



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

REQUIREMENTS FOR HARDSHIP / PROBATIONARY PERMIT APPLICATION

– NOT ISSUED FOR COMMERCIAL DRIVER LICENSE (CDL) DRIVING PRIVILEGES –

Important information:

To be eligible for issuance, you must provide proof of legal presence, full legal name, Social Security Number (SSN), and proof of identity. Lists of acceptable documents for proof of identity, legal presence, Social Security Number and full legal name are available at: www.oregondmv.com

FEES: HARDSHIP/PROBATIONARY APPLICATION FEE\$ 50 (**Non-refundable**) ORS 807.240(6)
REINSTATEMENT FEE\$ 75

TOTAL ➡ \$125 (Check or money order)

Attach and submit the following information and required documentation for the type of driving privileges you are applying for. In order to ensure timely processing of this application, we recommend that you submit all of the required supporting documents at the same time by mailing to the address on the application.

- 1) Employment verification or self-employment verification
- 2) SR22
- 3) Application (signed and dated) and reinstatement fees (See **FEES** above)

1) Driving privileges to work and return from work

➡ A signed and dated letter from your employer verifying the days and hours of your employment. (No more than 12 hours of driving allowed per day.)

➡ Driving privileges for on the job

A signed and dated letter from your employer verifying the days and hours of your employment, the need to drive on the job and the counties you will be required to drive in. Driving to school is allowed if required by employer for continued employment. (No more than 12 hours of driving allowed per day.)

➡ Driving privileges to seek employment

Days, hours and counties you will drive in for seeking employment (counties must connect). (No more than 12 hours of driving allowed per day.)

➡ Driving privileges for self-employment

A copy of your current business license. (Must show your name and business name); or a copy of your most current signed tax statement; or two other documents such as a current customer signed business receipt, advertisement, signed contracts, signed and dated letter from customers, etc. If required to drive in other states, submit proof of doing business in those states. (No more than 12 hours of driving allowed per day.)

2) SR22

A SR22 is a certificate of financial responsibility. Contact your insurance agent for assistance in obtaining a SR22. The certificate must be presented within 30 days from the (signature) date it is issued; the certificate must be the "original" certificate. Please note that the SR22 is not the same as a proof of insurance card. The insurance company that issues **the SR22 must be licensed to sell insurance in Oregon.**

ADDITIONAL REQUIREMENTS: The following requirements DO NOT APPLY to all suspensions.

If you are suspended as a result of a **DUII CONVICTION**:

- **IGNITION INTERLOCK DEVICE (IID):** You need to install and maintain an IID in any vehicle you operate for the duration of the hardship permit and for one year after the ending date of the DUII suspension for a first conviction or two years for a second or subsequent DUII conviction. For information on approved IID installers in your area, call DMV Customer Assistance at (503) 945-5000.
- **IID EMPLOYER EXEMPTION:** If you are required to drive an employer's vehicle on the job, your employer is exempt from installing an IID in the vehicle. Your employer will need to complete the *Employer Ignition Interlock Device (IID) Exemption* (Form 735-6874), stating you are required to operate the employer's vehicles in the course of employment and (s)he is aware of the IID requirement and does not want the device installed in his vehicles.
- **MENTAL HEALTH RECOMMENDATION:** If you are suspended for **two** or more DUII convictions within a five-year period, you need to submit a written (Mental Health) recommendation for your permit from an alcohol treatment program approved by the Oregon Addictions and Mental Health Division (AMHD). For information on approved alcohol treatment programs in your area, call AMHD at (503) 945-5964.
- **COURT RECOMMENDATION:** You need to have the convicting judge approve your request for driving privileges by signing your hardship/probationary permit application. A court recommendation is also required if you are suspended for fleeing or attempting to elude, reckless driving or misrepresentation of age.

If you are applying for a **PROBATIONARY PERMIT** because you are revoked as a **HABITUAL OFFENDER** (convicted of three or more traffic crimes or 20 or more traffic violations within a five year period):

- **LICENSING TESTS:** You must successfully complete a vision, knowledge and drive test.
- **DRIVER IMPROVEMENT COURSE:** Complete a driver improvement course. On-line classes are not accepted. You may enroll in a National Traffic Safety Institute (NTSI) Level 1 Class by calling 1-800-776-6874.
- **MEDICAL (DIAGNOSTIC) EXAM:** Complete a diagnostic examination conducted by a physician, showing you are physically and mentally competent to drive. A physician must complete and sign the medical statement located on Page 2 on the *Hardship/Probationary Permit Application*. It is not necessary to send DMV a copy of the actual medical examination. If you are not able to obtain a doctor's signature on the medical statement, call the Driver Safety Unit at (503) 945-5083.

ADDITIONAL DRIVING PRIVILEGES:

Driving privileges for Drug and Alcohol treatment: Driving for treatment is not included in the 12 hours per day driving time. Provide the meeting days, start and ending times (including AM/PM), route to/from and name of program.

Physician-Signed Statement (required only if requesting medical appointments)

Submit a physician-signed statement verifying the need for medical treatment on a regular basis. Include the physician's address and route. (Not required for Uninsured Accident or Misrepresentation of Age Suspensions.)

Family Necessities (allowed for Uninsured Accident or Misrepresentation of Age Suspension ONLY).

If your **only** suspension is for an uninsured accident or misrepresentation of age, you may request driving for family necessities. A list of qualified family necessities follows. If you request any of these, provide the necessary information:

1. Medical appointments: Name and address of doctor and specific route.
2. Grocery shopping: Name of one store, specific route, two days per week, and four hours per day (example: Wed & Sat 10am-2pm).
3. Baby-sitting/daycare: Name of provider, address, days, specific route and driving times (example: Mon-Fri 7:30am-8am and 5pm-5:30pm).
4. School, for yourself or driving children to and from school: Name of school, days, specific route and driving times (example: M-W-F 7:30am-8am and 3pm-3:30pm).
5. Caring for Elderly Immediate Family Members: Name and address of person, days, route and driving times (example: T-Th-Sun 7:30am-8am and 3pm-3:30pm).

Additional Eligibility Information:

If you are suspended for assault in the 2nd, 3rd, or 4th degrees, DMV cannot issue you a hardship permit if within the ten years before applying for the permit, you were convicted of certain crimes, such as reckless driving; DUII, criminal driving while suspended or revoked, etc. This does not apply if the conviction(s) was from the same incident that caused your current suspension. To find out if you are eligible for a hardship/probationary permit, call DMV Customer Assistance at (503) 945-5400.

What Next?

The Driver Suspension Unit will review your application and notify you of any additional requirements you must complete before a permit can be issued. The hardship/probationary permit application is processed at DMV Headquarters. DMV field offices are unable to issue a permit. Once your permit has been processed and issued, DMV mails you a restriction letter. Take the restriction letter to a full service DMV field office to obtain a restricted operator's license. Your driving privilege will not be valid until you have obtained an operator's license with a "J" restriction code. You will also need to show proof of legal presence, full legal name, identity, date of birth, Social Security Number and residence address.

Note: When you apply for a restricted operator's license at a DMV field office, you will be asked to report any medical issues that affect your ability to safely operate a motor vehicle. If you have a medical condition or impairment that makes you unable to drive safely, DMV will not issue you a license until you have passed DMV tests and/or received medical clearance.

This application (Form 735-6044) is available on our website. Visit our website at www.oregondmv.com

Mail your application and required documents to:

DMV - Driver Suspension Unit
1905 Lana Avenue NE
Salem OR 97314

FAX: 503-945-5096

For more information, contact our Customer Assistance Unit by calling one of the following numbers.

Portland area	(503) 299-9999	Roseburg	(541) 440-3395
Salem	(503) 945-5400	Eugene	(541) 686-7855
Bend	(541) 388-6322	or	
Medford	(541) 776-6025	TTY	(503) 945-5001



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

HARDSHIP / PROBATIONARY PERMIT APPLICATION

(ONLY OREGON RESIDENTS ARE ELIGIBLE)

MAIL APPLICATION TO: DMV, 1905 LANA AVE NE, SALEM OR 97314

HARDSHIP/PROBATIONARY PERMITS NOT ISSUED FOR COMMERCIAL (CDL) DRIVING PRIVILEGES

FULL LEGAL NAME (Please Print) LAST NAME		FIRST NAME	FULL MIDDLE NAME	ODL / CUSTOMER NUMBER
DATE OF BIRTH (M-D-Y)	SOCIAL SECURITY NUMBER*		* Social Security Number (SSN) disclosure required for all drivers per ORS 25.785, 42 USC 405 and 666(a), OAR 735-062-0005.	
RESIDENCE ADDRESS (City, State, Zip Code)				CHANGE OF ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS IF DIFFERENT (City, State, Zip Code)				
Why are you suspended or revoked?				DIVERSION <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you required to drive for your job? <input type="checkbox"/> YES <input type="checkbox"/> NO		Home Phone Number: (____) _____		
Do you drive your employer's vehicle while driving on the job? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name of Employer: _____		
Are you required to drive a state owned vehicle on the job? <input type="checkbox"/> YES <input type="checkbox"/> NO		May we contact your employer if add'l info is required? <input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employer's Phone Number: (____) _____		
If you have a pending court date, what is the date you are to appear? _____ MONTH / DAY / YEAR				
Do you want this permit issued prior to your pending court date? <input type="checkbox"/> YES* <input type="checkbox"/> NO				

* IMPORTANT INFORMATION IF "YES": If the pending court appearance results in a suspension of your driving privilege; you **must** apply for another permit; pay new fees; and meet any new requirements.

ONLY 12 HOURS PER DAY OF DRIVING PRIVILEGE GRANTED. TOTAL PRIVILEGE OF SEEKING, ON THE JOB, SELF-EMPLOYED AND TO AND FROM WORK CANNOT EXCEED 12 HOURS PER DAY. ALCOHOL TREATMENT IS NOT INCLUDED IN THE 12-HOUR LIMIT.

Current Employment

Provide actual DRIVE TIMES to work and from work; not hours of employment.

Example: If your work shift is 7am-3:30pm, list your drive times as 6:30am-7am and 3:30pm-4pm. (Include AM/PM)

MON:	Route to work (List all streets in the order traveled):
TUE:	
WED:	
THU:	
FRI:	
SAT:	
SUN:	
Route returning from work (List all streets in the order traveled):	
Counties driven while on the job: (Counties must connect)	
Use a separate piece of paper if necessary	

Seeking Employment

Permit is valid for 120 days. You will need to reapply before the 120 day permit has expired or to request driving privileges for new employment.

(Include AM/PM)

Seeking Employment: Indicate days and hours you will seek employment.

MON:	List counties driven while seeking employment: (Counties must connect)
TUE:	
WED:	
THU:	
FRI:	
SAT:	
SUN:	
Use a separate piece of paper if necessary	

Court recommendation is required when suspended for driving under the influence of intoxicants, eluding, reckless driving, and misrepresentation of age. Judge's recommendation is for driving privilege that is minimally required for maintaining employment and drug and/or alcohol treatment.

Judge's Comments:

APPROVED DENIED

SIGNATURE OF CONVICTING JUDGE X	COURT	DATE
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**ALCOHOL TREATMENT IS NOT INCLUDED IN THE 12-HOUR TOTAL DRIVING TIME ALLOWED PER DAY.
(USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY.)**

Circle days of the week and indicate what time the meetings start and end.

(Circle day of week)

(Routes: List streets in order of travel.)

MON TUE WED THU FRI SAT SUN NAME OF MEETING: TIME MEETING STARTS / ENDS: ^{AM} / _{PM}	To: From:
MON TUE WED THU FRI SAT SUN NAME OF MEETING: TIME MEETING STARTS / ENDS: ^{AM} / _{PM}	To: From:
MON TUE WED THU FRI SAT SUN NAME OF MEETING: TIME MEETING STARTS / ENDS: ^{AM} / _{PM}	To: From:
MON TUE WED THU FRI SAT SUN NAME OF MEETING: TIME MEETING STARTS / ENDS: ^{AM} / _{PM}	To: From:
MON TUE WED THU FRI SAT SUN NAME OF MEETING: TIME MEETING STARTS / ENDS: ^{AM} / _{PM}	To: From:

IF REVOKED AS A **HABITUAL OFFENDER**, THE FOLLOWING STATEMENT MUST BE SIGNED BY A PHYSICIAN. To meet the eligibility requirements for a Medical (diagnostic) Exam, your physician must complete and sign this medical statement. It is not necessary to send DMV a copy of the actual Medical Exam. If you are not able to obtain a doctor's signature on this medical statement, call the Driver Safety Unit at (503) 945-5083.

PATIENT'S LAST NAME (Please Print)	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
I have taken a medical history and completed a physical exam on the above named patient. In my opinion, the patient does not have a physical or mental condition or impairment that affects the patient's ability to safely operate a motor vehicle. ➡			DATE OF EXAM (Month, Day, Year)
MEDICAL PROVIDER NAME (Please Print)		SPECIALTY	LICENSE OR CERTIFICATE #
MAILING ADDRESS (City, State, ZIP Code)		TELEPHONE NUMBER ()	FAX NUMBER ()
SIGNATURE OF MEDICAL PROVIDER X			DATE SIGNED

You may only drive on the days, routes and hours reflected on the most current permit issued. Your permit may be revoked if the conditions or requirements are violated. If you have a change in days, routes or hours or your employer has changed, you are required to notify DMV in writing of the changes. DMV will mail you a revised restriction letter. You will need to wait to receive a hardship letter reflecting the changes permitting your driving privileges. Carry your permit with you at all times when driving.

Hardship/Probationary permits are subject to the following conditions:

- 1) You can not drive out side the driving purpose or restrictions indicated on this letter. This includes, days, routes and hours. You can be cited for driving while suspended if you violate the restrictions.
- 2) You may not be convicted of a major traffic offense or convicted of more than one violation within a 12-month period. ORS 807.270
- 3) If DMV receives satisfactory evidence of any violation of the limitations of a permit, DMV may suspend or revoke the permit. ORS 807.240
- 4) If it is a requirement that you obtain a mental health certificate or court recommendation, the recommendation or certificate must be valid throughout the term of the permit. ORS 807.250, 813.500
- 5) If an ignition interlock device (IID) is required, you must not remove or tamper with the device. ORS 813.602
- 6) You cannot operate a commercial motor vehicle with a Hardship/Probationary permit. ORS 807.240 (2), 807.270 (4)

If you violate **ANY** of these conditions, your permit privileges can be revoked for up to one year.

DMV will review your application. Once all requirements have been met your permit will be processed. DMV will mail you a restriction letter. You will need to take the restriction letter to a full service DMV field office to obtain a permit.

By signing, I acknowledge and certify the following: The permit, once issued, constitutes my consent to abide continuously to all conditions, requirements and restrictions while driving. I affirm that the information given on this form is true and accurate, and this form demonstrates my need for such a permit. I must notify DMV in writing if information on this application changes.

SIGNATURE (FULL LEGAL NAME) X	DATE
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