



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 –

The hardship/probationary permit application is processed at DMV Headquarters. DMV field offices are **not** able to process the application. To ensure timely processing of this application, we recommend that you submit all of the requirements and supporting documentation at the same time by mailing them to the address on the application.

Requirements for ALL Hardship/Probationary Permits:

1) Completed Application

- Must be an Oregon resident
- Must be signed and dated

2) Fees

- Application Fee..... \$ 50 (**Non-refundable** ORS 807.240(6))
- Reinstatement Fee..... \$ 75

TOTAL \$ 125 (Check or money order)

3) SR22 Insurance Certificate

- Have an automobile insurance company, licensed to do business in Oregon, file an Oregon SR-22 certificate with DMV. *Note: The SR22 is **not** the same as a proof of insurance card.*
- The certificate must be filed within 30 days from the (signature) date it is issued.
- The SR22 certificate must be in effect before DMV will issue a permit. If the SR22 is post-dated, DMV will not issue the permit until the SR22 becomes effective.
- The filing must be the "original" certificate.

Additional requirement if requesting to drive for employment:

Submit the required documentation listed below for the type of driving needed to maintain employment.

Note: No more than 12 hours of driving allowed per day.

----> **Driving to work and return from work**

Submit a signed and dated letter from your employer, on company letterhead, verifying the days and work shifts of your employment. (Examples: Monday-Friday, 8am to 5pm -or- Monday, Tuesday 7am to 3pm and Wednesday 3pm to 11pm)

----> **Driving on the job**

Submit a signed and dated letter, on company letterhead, from your employer verifying the days and hours of your employment, the need to drive on the job and the counties you are required to drive in.
(Example: Monday-Friday, 6am to 6pm, Marion county)

----> **Driving to seek employment**

List the days, hours and counties you will drive in to seek employment (counties must connect).
(Example: Monday-Friday, 7am to 7pm, Washington, Multnomah, and Clackamas counties)

----> **Driving for self-employment**

Submit a copy of your current business license (must show your name and business name); a copy of your signed tax statement for the preceding year; or two other documents such as a current customer signed business receipt, advertisement, signed contracts, signed and dated letter from customer, etc.

Additional requirements if you are suspended as a result of a DUI conviction in Oregon:

- **Court Recommendation:** You need to have the convicting judge approve your request for driving privileges by signing your hardship/probationary permit application.
- **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 DUI conviction for a first conviction or two years for a second or subsequent DUI conviction. For information on approved IID installers in your area, call DMV Customer Assistance at (503) 945-5000 or visit www.OregonDMV.com.
- **IID Employer Exemption (Only if you are required to drive employer's vehicle on the job):** Your employer will need to complete the *Employer Ignition Interlock Device (IID) Exemption* (Form 735-6874), requesting you be exempt from the IID requirement for employment purposes while operating vehicles registered to the employer.
Note: An IID Employer Exemption is not an option if you are self-employed.
- **Mental Health Recommendation (Only if you are suspended for two or more DUI convictions within a five-year period):** You need to submit a written 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.

Additional requirements if you are applying for a PROBATIONARY PERMIT:

If 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) you must meet the following requirements:

- **Licensing Tests:** Successfully complete DMV's vision, knowledge and drive tests.
- **Driver Improvement Course:** Successfully complete a driver improvement course. You may enroll in either a National Traffic Safety Institute (NTSI) class (phone: 1-800-776-6874) or a U-turn 180 class (phone: 1-877-399-8876). On-line classes are not acceptable.
- **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 to obtain a Driver Medical Report form for your doctor to complete.

Additional eligibility requirements:

- If you are required to install an IID as a condition of a Diversion agreement, you need to install and maintain the IID for the duration of the hardship/probationary permit.
- If you are suspended for fleeing or attempting to elude, reckless driving or misrepresentation of age, you need to have the convicting judge approve your request for a permit by signing your hardship/probationary permit application (See Court Recommendation).
- If you are suspended for assault in the 2nd, 3rd, or 4th degrees, DMV cannot issue you a hardship permit if within ten years, you were convicted of certain crimes, such as reckless driving, DUII, etc. This does not apply if the conviction(s) was from the same incident that caused the assault suspension. To find out if you are eligible for a permit, call DMV Customer Assistance at (503) 945-5400.

Other driving privileges allowed:

Submit the required documentation and/or information listed below for the type of driving needed.

- **Drug and alcohol treatment:** Provide the name of program, meeting days, start and ending times (include AM/PM), and route to and from the program. (Example: ABC Treatment Center, Tuesday and Thursday, 7pm to 8:30pm, Front Street to First Street to Main Street) *Note: The driving time needed for treatment is not included in the 12 hours per day limit of driving time previously noted.*
- **Medical treatment required on a regular basis:** Submit a physician-signed statement verifying the need for medical treatment on a regular basis. Include the physician's address and route. (You are not eligible to drive for medical treatment if you are applying for a probationary permit.)

If you are only suspended for an uninsured accident or misrepresentation of age and no other suspensions appear on your driver record, you may request to drive for family necessities. Submit the required information listed below for the type of driving requested. The following is a list of qualified family necessities:

- **Grocery shopping:** Name of one store, specific route, two days per week, and four hours per day. (Example: ABC Grocery, Wednesday and Saturday 10am-2pm, Front Street to First Street to Main Street)
- **Baby-sitting/daycare:** Name of provider, address, days, specific route and driving times. (Example: Daycare Name, 123 Main Street, Monday-Friday 7:30am-8am and 5pm-5:30pm, First Street to Front Street to Main Street)
- **Medical appointments:** Name and address of doctor and specific route. (A physician-signed statement is not required.) (Example: Dr. Name, 123 Main Street, Front Street to First Street to Main Street)
- **School, for yourself or driving children to and from school:** Name of school, days, specific route and driving times. (Example: Elementary School, Monday-Friday 7:30am-8am and 3pm-3:30pm, Main Street to Front Street to First Street)
- **Caring for Elderly Immediate Family Members:** Name and address of person, days, route and driving times. (Example: Name, Address, Tuesday, Thursday, and Sunday, 8:30am-9am and 3pm-3:30pm, Main Street to Front Street to First Street)

What's 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. Once your application has been approved and processed, DMV mails you a restriction letter. Take the restriction letter to a full service DMV field office along with proof of legal presence, identity, and social security number to obtain a restricted driver license. Your driving privileges are **not** valid until you have obtained a driver license with a "J" restriction code.

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

Mail or FAX your application and required documents to:

DMV - Driver Suspension Unit **FAX:** 503-945-5096
1905 Lana Avenue NE
Salem OR 97314

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

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



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

HARDSHIP / PROBATIONARY PERMIT APPLICATION

MAIL APPLICATION TO: DMV, 1905 LANA AVE NE, SALEM OR 97314
HARDSHIP/PROBATIONARY PERMITS ARE NOT ISSUED FOR COMMERCIAL (CDL) DRIVING PRIVILEGES

FULL LEGAL NAME (Please Print) LAST NAME		FIRST NAME	FULL MIDDLE NAME
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ODL / CUSTOMER NUMBER	DATE OF BIRTH (MM-DD-YYYY)	CONTACT PHONE NUMBER ()
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RESIDENCE ADDRESS (City, State, Zip Code)	CHANGE OF ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO
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MAILING ADDRESS IF DIFFERENT (City, State, Zip Code)

Why are you suspended or revoked?	If DUII, did the court grant a Diversion Agreement? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If "Yes," a Court Recommendation (below) is NOT required.
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Do you drive to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Employer: _____ _____ Employer's Phone Number: () _____
Do you drive on the job? <input type="checkbox"/> YES* <input type="checkbox"/> NO	
*If yes, do you drive your employer's vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	

If you have a traffic offense pending in court, what is the date you are to appear? _____
Do you want this permit issued prior to your pending court date? YES* NO MONTH / DAY / YEAR

***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.
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): Route returning from work (List all streets in the order traveled): Counties driven while on the job (Counties must connect):
TUE:	
WED:	
THU:	
FRI:	
SAT:	
SUN:	
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.
Provide hours you will seek employment. Example: 7am-3:30pm. (Include AM/PM)

MON:	TUE:	WED:	THU:	FRI:	SAT:	SUN:
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List counties driven while seeking employment (Counties must connect):

Court Recommendation

A recommendation from the convicting court is required if you were **convicted** and currently suspended for driving under the influence of intoxicants (DUII), eluding, reckless driving or misrepresentation of age.
Note: The following are **NOT** convictions for DUII and do **NOT** require a court recommendation: A Diversion Agreement granted by the court; or A suspension for failing or refusing to submit to a breath test, blood test, urine test or a combination thereof under the Implied Consent Law.
Judge's recommendation is for a 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 and/or Drug Treatment

Driving time for treatment is separate from, and **not** included in, the 12-hour total driving time allowed per day. Circle days of the week and indicate what time the meetings start and end. Use a separate piece of paper if necessary. **Note:** Requests for several meetings may be denied due to limited space on the permit. Please note preferred meetings first.

(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:

Medical (Diagnostic) Exam

-- ONLY REQUIRED IF YOU ARE REVOKED AS A HABITUAL OFFENDER --

To meet the eligibility requirements for a Medical (Diagnostic) Exam, your physician must complete and sign this medical statement. *(Do not 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 to obtain a Driver Medical Report form for your doctor to complete.

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

DMV will review your application. Once all requirements are approved, DMV will mail you a restriction letter. Take the restriction letter to a DMV field office to obtain a restricted driver license. Your driving privileges are not valid until you have obtained a driver license with a "J" restriction code.

Hardship/Probationary permits are subject to the following conditions:

- 1) You cannot drive outside the driving purpose or restrictions indicated on the permit. This includes days, routes and hours. You can be cited for driving while suspended if you violate the restrictions.
- 2) You cannot be convicted of a traffic crime or convicted of more than one traffic violation within a 12-month period. ORS 807.252 and 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.

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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