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

HARDSHIP PERMIT APPLICATION

Mail application and all requirements to: DMV, 1905 LANA AVE NE, SALEM OR 97314

- NOT ISSUED FOR COMMERCIAL (CDL) DRIVING PRIVILEGES -

SECTION 1 ▼ DRIVER INFORMATION ▼

DRIVER LICENSE / CUSTOMER NUMBER	Do you need to be issued a replacement driver license? ☐ **YES** ☐ **NO**	**DATE OF BIRTH**
FULL LEGAL NAME (Print: last, first, middle)		**CONTACT PHONE NUMBER** ( )

RESIDENCE ADDRESS (Address will be used to update your driver record/license) (**MUST** be an Oregon resident)

MAILING ADDRESS IF DIFFERENT (Address will be used to update your driver record/license)

No more than 12 hours of driving time allowed per day. **You must sign your name at the end of this application.**

SECTION 2 ▼ DRIVING FOR WORK ▼

Must also submit employment verification (see reverse side).

NAME OF EMPLOYER, COMPANY, ETC.	Are you self-employed? ☐ **YES** ☐ **NO**
WORKSITE ADDRESS	EMPLOYER PHONE NUMBER ( )
Check work days: ☐MON ☐TUE ☐WED ☐THU ☐FRI ☐SAT ☐SUN	Mileage to work (one-way): _____

List Work Shifts (specify am/pm):
Do NOT include drive times. DMV will determine and add driving time to your work shifts, depending on mileage listed. Example: If you note your work shift is 7am-3:30pm, DMV will list your drive times as 6am-7am and 3:30pm-4:30pm.

Do you drive employer's vehicle(s)? ☐ **YES** ☐ **NO**
Do you drive on the job? ☐ **YES*** ☐ **NO** * If yes, employer letter **must** verify you are required to drive on the job.
List counties driven while on the job (Counties must connect): _____

SECTION 3 ▼ ALCOHOL / DRUG / GAMBLING TREATMENT ▼

Driving time for treatment is separate from and not included in the 12-hour driving time limit. 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 meeting first.

Name and address of meeting:	
Check meeting days: ☐MON ☐TUE ☐WED ☐THU ☐FRI ☐SAT ☐SUN	Time meeting starts and ends: ☐ am ☐ pm
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Name and address of meeting:	
Check meeting days: ☐MON ☐TUE ☐WED ☐THU ☐FRI ☐SAT ☐SUN	Time meeting starts and ends: ☐ am ☐ pm

SECTION 4 ▼ APPLICANT SIGNATURE ▼

By signing this application, I certify that all documentation and information I provide to DMV is true and correct. I understand it is a crime to knowingly make a false application for driving privileges. The offense is a Class A misdemeanor and is punishable by jail time, a fine or both. DMV will deny, cancel and/or suspend my permit or driver license if I make a false statement or present false documentation.
I must notify DMV in writing if information on this application changes. The permit, once issued, constitutes my consent to abide continuously to all conditions, requirements and restrictions while driving.

APPLICANT SIGNATURE (Full Legal Name) X	**DATE**

Hardship permits are subject to the fees, provisions, conditions, prohibitions and penalties applicable to a license, including Oregon residency and no suspensions in any other state. **You may use a separate paper to submit any required or additional information.**

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▼ REQUIREMENTS FOR ALL HARDSHIP PERMITS ▼

Application (completed and signed)

Fees Application Fee…….…… $ 50 (**Non-refundable** ORS 807.240(6))

Reinstatement Fee……..….. $ 75

TOTAL $125 (Check or money order)

If a hardship permit is issued for a length shorter than the length of suspension, a renewal fee will be charged in order to renew the hardship permit. Renewal Fee…….....…..….. $ 40

SR-22 Insurance Certificate

Have an automobile insurance company file an Oregon SR-22 certificate with DMV. Must be the original SR-22 (no copies or faxes). DMV will not issue the permit until the SR-22 becomes effective.

Employment Verification

If employed, submit a letter from your employer verifying employment: on company letterhead; signed and dated; listing days and hours of employment; and stating need to drive on the job, if required.

If self-employed, 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, advertisements, signed contracts, signed and dated letters from customers, etc.

☐ **Seek Employment**

Check this box if you are unemployed and need the permit to seek employment. List the counties you will be driving in to seek employment (must be in Oregon):

_____

▼ NECESSARY SERVICES ▼

Necessary services allow you to drive to and from grocery shopping, drive you or your children to and from school, drive to and from medical appointments and drive to care for elderly family members. These drive times count toward your 12-hour driving limit.

Name and address of school:

Check school days (all that apply):	Beginning and end time:
☐MON ☐TUE ☐WED ☐THU ☐FRI ☐SAT ☐SUN	☐ am ☐ pm

Name and address of grocery store:

Check grocery shopping day (select one day):	Time (select one):
☐MON ☐TUE ☐WED ☐THU ☐FRI ☐SAT ☐SUN	☐ 8:00 a.m. – 12:00 p.m. or ☐ 1:00 p.m. – 5:00 p.m.

Name and address of medical office:

Check medical appointment days (select two days):	Time (select one):
☐MON ☐TUE ☐WED ☐THU ☐FRI ☐SAT ☐SUN	☐ 8:00 a.m. – 12:00 p.m. or ☐ 1:00 p.m. – 5:00 p.m.

Name and address of elderly family member:

Check elderly care days (select two days):	Time (select one):
☐MON ☐TUE ☐WED ☐THU ☐FRI ☐SAT ☐SUN	☐ 8:00 a.m. – 12:00 p.m. or ☐ 1:00 p.m. – 5:00 p.m.

▼ ADDITIONAL REQUIREMENTS ▼

- **Ignition Interlock Device (IID):** If you are required to have an IID as a condition of a DUII Diversion Agreement or due to a conviction for DUII, you need to submit an installation report verifying you have installed an IID in the vehicle(s) you operate. For a list of IID vendors, go to **https://www.oregon.gov/osp/programs/Pages/Ignition-Interlock-Device-Program.aspx**
- **Medical appointments:** If you are applying to drive yourself or a family member to and from medical treatment required on a regular ongoing basis, you need to submit a letter from the physician verifying the need for regular medical treatment. Along with a physician letter, submit the following information:

FAMILY MEMBER NAME (Please Print)	FAMILY MEMBER ADDRESS	RELATIONSHIP
PHYSICIAN NAME (Please Print)	PHYSICIAN ADDRESS	PHYSICIAN TELEPHONE #

▼ WHAT'S NEXT? ▼

The Driver Sanctions Unit will review your application and notify you of any additional requirements you must complete before a permit can be issued. If you have additional requirements and you do not comply with all requirements within **60 days**, your application will be denied and you will need to re-apply for the permit, which includes submitting all new documents and a $50 application fee.

Once your application is approved and all requirements are met, DMV will mail you a hardship permit or letter instructing you to go to a field office to have the hardship permit and driver license issued. Your driving privileges are **not** valid until you have obtained both the hardship permit *and* a valid driver license.

Read your hardship permit carefully and only drive within the restrictions listed. You must also maintain any conditions required for your permit such as the SR-22 Insurance Certificate and Ignition Interlock Device throughout the length of the permit.

Please keep a copy of your application and any documents you submit to DMV.