



## Ignition Interlock Limited License

### Driver Information

\_\_\_\_\_  
 Driver's License Number State of Issue

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\_\_\_\_\_  
 First Name Middle Name Last Name

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\_\_\_\_\_  
 Address City/State/Zip

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\_\_\_\_\_  
 Phone Number Date of Birth Date of Application

### Limited License Information

Indicate the days and times you are requesting to drive. Make sure to indicate A.M. or P.M. A limited license cannot be issued for more than *six (6) days and 60 hours* per week for work, school, or child care needs with one specific day of no driving. You must specify days and hours on any of the items listed below or it will not be written on the limited license.

You must choose one day that you will **NOT** drive. I will NOT drive on \_\_\_\_\_ (enter day of week).

\_\_\_\_\_  
 Place of Employment Address City/State/Zip Occupation

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\_\_\_\_\_  
 Applicant's Postsecondary Education Address City/State/Zip

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\_\_\_\_\_  
 Child Care (custodial parents only) Address City/State/Zip

DAY of WEEK	TO WORK/SCHOOL/CHILD CARE		JOB RELATED DRIVING TIME OTHER THAN TO AND FROM	TO HOME	
	Depart	Arrive		Depart	Arrive
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Tennessee Warning – Information collected on this form is used by the Department of Public Safety (DPS) to identify the person and as required by Minnesota Statute. If you do not provide this information, DPS cannot enroll you in the Ignition Interlock Device Program. Personal information (name and address of individuals) is classified as private data. DPS releases this information only as authorized or required by state and federal law.

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**Other allowable driving (include travel time)**

**Court Appearances (must be related to the alcohol offense)**

Address of Court House \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Appearance: \_\_\_\_\_ Leave Home \_\_\_\_\_  A.M.  P.M. Return Home \_\_\_\_\_  A.M.  P.M.

Date of Appearance: \_\_\_\_\_ Leave Home \_\_\_\_\_  A.M.  P.M. Return Home \_\_\_\_\_  A.M.  P.M.

**Meeting with Probation Officer and/or DWI Court (MUST SPECIFY EXACT DATES AND TIMES)**

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date: \_\_\_\_\_ Leave Home \_\_\_\_\_  A.M.  P.M. Return Home \_\_\_\_\_  A.M.  P.M.

Date: \_\_\_\_\_ Leave Home \_\_\_\_\_  A.M.  P.M. Return Home \_\_\_\_\_  A.M.  P.M.

**Chemical Dependency Treatment and/or Programs**

Name of Treatment Facility \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Check day(s):  Su  M  Tu  W  Th  F  Sa Leave Home \_\_\_\_\_  A.M.  P.M. Return Home \_\_\_\_\_  A.M.  P.M.

**Abstinence-based Support Group Meeting (up to a maximum of 3 support group meetings a week allowed)**

Name of Support Group(s) \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Check day(s):  Su  M  Tu  W  Th  F  Sa Leave Home \_\_\_\_\_  A.M.  P.M. Return Home \_\_\_\_\_  A.M.  P.M.

Check day(s):  Su  M  Tu  W  Th  F  Sa Leave Home \_\_\_\_\_  A.M.  P.M. Return Home \_\_\_\_\_  A.M.  P.M.

Check day(s):  Su  M  Tu  W  Th  F  Sa Leave Home \_\_\_\_\_  A.M.  P.M. Return Home \_\_\_\_\_  A.M.  P.M.

**FAX to: (651) 797-1299**

**EMAIL to: dvs.ii@state.mn.us**

**MAIL to: Driver and Vehicle Services, Ignition Interlock Unit, 445 Minnesota St., Suite 177, St. Paul, MN 55101**

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