

HARDSHIP PERMIT APPLICATION

Mail application and all requirements to: DMV, 1905 LANA AVE NE, SALEM OR 97314 - NOT ISSUED FOR COMMERCIAL (CDL) DRIVING PRIVILEGES -

▼ RE	QUIRE	EMENTS FOR	ALL HARDSHIP F	PERMITS	lacksquare		
Application (completed and signed)							
Fees Application Fee	e	\$ 75 (N o	on-refundable ORS 80	7.240(6))			
Reinstatement							
			heck or money order)				
If a hardship permit is issued for a le	•		gth of suspension, a ren	ewal fee will b	e charged in orde	to renew	
the hardship permit. Renewal Fee				D 00	on with DMV		
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.							
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Employment Verification – If employed on company letterhead; signed and of							
times and in which counties you mus				p		g	
If self-employed, submit a copy of y	our curr	ent business lice	nse (must show your na	ame and busin	ess name); a copy	of your	
signed tax statement for the precedir advertisements, signed contracts, sig	ng year; gned and	or two other doc d dated letters fro	uments such as a currei om customers, etc.	nt customer si	gned business rec	eipt,	
Seek Employment - (valid 120 days	s) Check	k this box if you a	re unemployed and nee	ed the permit to	o seek employmer	nt.	
List the days, times, and Oregon cou	•	u will be driving i	n to seek employment.		TUE WED	ΓHU □ FRI	
Hours must be between 8am and 5pi Start time:am End time:							
am End time.	 	⊣ am pm Counties	s:				
SECTION 1		 DDIVED IN	FORMATION V				
DRIVER LICENSE / CUSTOMER NUMBER			FORMATION V	DATE OF BIRTH			
SKIVER EIGENGE / GOOT GIMER NOMBER		ou need to be iss cement driver lice		DATE OF BIRTH			
FULL LEGAL NAME (Print: last, first, middle)				CONTACT PHONE	NUMBER		
				()			
RESIDENCE ADDRESS (Address will be used to update your of	driver record	/license) (MUST be an O	regon resident)	CITY	STATE	ZIP	
MAILING ADDRESS IF DIFFERENT (Address will be used to u	update vour	driver record/license)		CITY	STATE	ZIP	
	., ,	,					
No more than 12 hours of driving time alle	owed pe	er day in the state	of Oregon. You must s	sign your nan	ne at the end of the	nis application.	
SECTION 2	V	DRIVING I	OR WORK V				
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SECTION 2 Must also submit employment NAME OF EMPLOYER, COMPANY, ETC.		DRIVING I cation if you drive	FOR WORK on the job (see Requiren	Are you self	-employed?	n).	
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Necessary services allow you to drive to and fi drive to and from medical appointments and dri	om a grocery storve to and from a r	esidence to care for elder	ly family m	embers. A	ny family member you
drive for necessary services must live in the same	e household. Thes	e drive times count toward	your 12-ho	ur driving li	mit.
DRIVING FOR SCHOOL:				0.11	
Name of school:	Address of school	DI:		City:	
Check school days (all that apply):		Start time:	am	End time:	☐ am
	SAT □SUN	otari time.	☐ pm	Liid tiilic.	☐ am
DRIVING FOR CHILDCARE:	JOAT LIGOR		Piii		
Name of childcare center:	Address of childo	are center:		City:	
Check childcare days (all that apply):		Start time:	am am	End time:	am
□MON □TUE □WED □THU □FRI □	SAT □SUN		pm pm		pm
DRIVING FOR GROCERIES: Name of grocery store:	Address of gross	w. otovo.		City	
Name of grocery store.	Address of groce	ery store:		City:	
Check grocery shopping day (select one day):		Time (select one):			
	CAT CLIN	_ ` ′		F.00	F:00 n m 0:00 n m
☐MON ☐TUE ☐WED ☐THU ☐FRI ☐ DRIVING FOR MEDICAL CARE:	SAT SUN	8:00 a.m.—12:00 p.m. or	1:00 p.m.	— 5:00 p.m.	or 5:00 p.m.— 9:00 p.m.
Name of medical office:	Address of medi	cal office:		City:	
				,	
Check medical appointment days (select two days):		Time (select one):			
□MON □TÜĖ □WED THU □FŔI □]SAT □SUN	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 8:00 a.m. − 1	2:00 p.m. o	r 🗌 1:00	p.m. — 5:00 p.m.
DRIVING FOR ELDERLY CARE:					
Name of elderly family member:	Address of elder	ly family member:		City:	
Check elderly care days (all that apply):		Start time:	am	End time:	☐ am
□MON □TUE □WED □THU □FRI □]SAT □SUN		pm pm		pm
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_	ADDITIONAL	DECLUDEMENTS	_		
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NECESSARY SERVICES

SECTION 4

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 \$75 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.

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