

EXPLAIN WHY SOMEONE CANNOT BE EMPLOYED TO DO THE REQUESTED DRIVING

EXPLAIN WHY APPLICANT'S OPERATION OF A MOTOR VEHICLE IS NECESSARY TO THE ENTERPRISE

HOURS PER WEEK APPLICANT WOULD WORK	SALARY (IF ANY)
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AUTHORIZATION AND CERTIFICATION: (If under 18 years of age, both parents must sign)

I/We hereby authorize the Department of Motor Vehicles to ask for and receive any additional information needed to determine eligibility for a critical need restriction from physician, school principal and/or employer certifying to a Statement of Facts. Medical information is confidential under Section 1808.5 VC.

I/We certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. (Perjury is punishable by imprisonment or fine or both.) Both parents must sign unless one has custody and writes: "I have sole custody."

APPLICANT'S SIGNATURE X	DATE	ADDRESS	CITY	ZIP
FATHER'S SIGNATURE X	DATE	ADDRESS	CITY	ZIP
MOTHER'S SIGNATURE X	DATE	ADDRESS	CITY	ZIP

II. PHYSICIAN MUST COMPLETE a separate Statement of Facts (II) for each family member whose disability affects driving or transportation needs.

STATEMENT OF FACTS BY PHYSICIAN

NAME OF PATIENT	DIAGNOSIS
MEDICAL CONDITION(S) AND SYMPTOM(S)	
PROGNOSIS (INCLUDE PROBABLE DATE WHEN SUFFICIENT RECOVERY WILL HAVE BEEN MADE TO TERMINATE THE EMERGENCY. IF CONDITION IS CHRONIC, PHYSICIAN MUST STATE THAT FACT)	

DOES PATIENT'S CONDITION RULE OUT DRIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, <input type="checkbox"/> Permanently <input type="checkbox"/> Temporary-low long?	DOES PATIENT'S CONDITION RULE OUT USE OF PUBLIC TRANSPORTATION? INCLUDING PARATRANSIT (CURB TO CURB SERVICE) <input type="checkbox"/> Yes <input type="checkbox"/> No
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III. SCHOOL PRINCIPAL OR DEAN MUST COMPLETE a Statement of Facts (III) if hardship condition is to and from school. If hardship condition is to and from college, submit a printout of current schedule, including days and hours of all classes in which enrolled.

STUDENT'S NAME	LENGTH OF ATTENDANCE	STUDENT'S DAILY SCHOOL HOURS
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EXPLAIN WHY SCHOOL AND OTHER TRANSPORTATION IS INADEQUATE FOR REGULAR ATTENDANCE AT SCHOOL AND ACTIVITIES AUTHORIZED BY THE SCHOOL

NAME AND ADDRESS OF SCHOOL		NAME OF SCHOOL DISTRICT	
DISTANCE: RESIDENCE	TO SCHOOL BUS STOP (if any)	SCHOOL TO PUBLIC TRANSPORTATION	LAST DAY OF STUDENT'S SCHOOL YEAR

IV. EMPLOYER MUST COMPLETE a Statement of Facts (IV) if hardship condition is to and from work.

NAME OF EMPLOYEE AND NAME OF ESTABLISHMENT OR BUSINESS	DATE OF EMPLOYMENT	SALARY \$	Per
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ADDRESS AND CROSS STREET OF PLACE WHERE APPLICANT REPORTS TO WORK

TYPE OR NATURE OF EMPLOYMENT	WORK HOURS (STARTING & ENDING TIMES):	MONDAY THRU FRIDAY	SATURDAY	SUNDAY	WEEKLY TOTAL
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PERMIT TO EMPLOY MINOR ON FILE? IF YES, GIVE NAME, TITLE AND TELEPHONE NO. OF ISSUING PARTY

Yes No

EXPIRATION DATE

DISTANCE FROM APPLICANT'S RESIDENCE TO PLACE OF EMPLOYMENT

DISTANCE FROM PLACE OF EMPLOYMENT TO PUBLIC TRANSPORTATION

V. CERTIFICATION TO BE COMPLETED BY: Physician School Principal or Dean Employer

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This section may be duplicated, if necessary, to accommodate certification by more than one party.

NAME OF SIGNER (PRINT OR TYPE)	TITLE
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ADDRESS CITY ZIP

SIGNATURE X	DATE	TELEPHONE NUMBER ()
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For further information, contact the Driver Safety Actions Unit at (916) 657-6452, or from the DMV website at: <http://www.dmv.ca.gov/>