

**APPLICATION FOR NON-COMMERCIAL RESTRICTED  
 DRIVER LICENSE FOR FINANCIAL RESPONSIBILITY ACTIONS**  
*(See back for General Information and Instructions)*

<b>APPLICANT INFORMATION</b>	APPLICANT'S NAME		DRIVER LICENSE NUMBER		
	ADDRESS		TELEPHONE NUMBER (     )		
	CITY	STATE	ZIP CODE		
<b>Part A TO, FROM &amp; DURING EMPLOYMENT RESTRICTION (52)</b>	<input type="checkbox"/> I am applying for a non-commercial license restriction to drive to and from my place of employment, and/or during my employment and the type of vehicle being operated <b>does not</b> require a Class A, B, or commercial Class C license. <b>NOTE:</b> (1) This restriction allows driving of any insured vehicle to and from your job, and/or on the job. (2) If you are required to drive your employer's vehicle on the job you are not suspended when driving a vehicle during your employment, if the vehicle is not registered to you (§16073 VC) and the type of vehicle being operated <b>does not</b> require a Class A, B, or commercial Class C license.				
<b>Part B SCHOOL TRANSPORTATION FOR DEPENDENT MINOR RESTRICTION (92)</b>	<input type="checkbox"/> I am applying for a restriction to drive my minor dependent _____ NAME _____ GRADE _____ from my home to school and from school to home because no public or school bus transportation is available.				
	<b>THE SCHOOL PRINCIPAL OR ADMINISTRATOR IS TO COMPLETE THIS PORTION.</b>				
	I certify that, to the best of my knowledge and belief, no form of public transportation or school bus is available between the applicant's residence and this school.				
	NAME OF SCHOOL		TELEPHONE NUMBER (     )		
	SCHOOL ADDRESS		<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		
	CITY	STATE	ZIP CODE		
	DATE	SIGNATURE OF PRINCIPAL OR ADMINISTRATOR <b>X</b>	PRINTED NAME AND TITLE OF PRINCIPAL/ADMINISTRATOR		
<b>Part C MEDICAL TREATMENT RESTRICTION</b>	<b>1. APPLICATION</b>				
	I am applying for a restriction due to the following health problem requiring more than one treatment:				
	PATIENT'S NAME	PATIENT'S RELATIONSHIP TO DRIVER (IF SELF, COMPLETE PART 2 BELOW)	TYPE OF HEALTH PROBLEM		
	NAME OF TREATMENT CENTER, HOSPITAL, OR MEDICAL FACILITY				
	ADDRESS OF TREATMENT CENTER, HOSPITAL, OR MEDICAL FACILITY				
	CITY	STATE	ZIP CODE		
For driving: <i>(check only one box)</i>  <input type="checkbox"/> Self (51)  <input type="checkbox"/> Family Member (91)  <input type="checkbox"/> Both Self and Family Member (51 & 91)	<b>2. MEDICAL AUTHORIZATION</b> (Complete <b>only</b> if you will be driving <b>yourself</b> to and from treatment.)				
	I authorize my practitioner, hospital, or medical facility to release to the Department of Motor Vehicles (DMV), its agents, or employees information and records relating to my physical and/or mental condition, both verbally and in writing. I agree to pay for any expense involved in releasing the records.				
	DATE	SIGNATURE <b>X</b>	MEDICAL RECORD/FILE NUMBER		
	<b>3. MEDICAL EVALUATION</b> (Medical information is confidential per Vehicle Code §1808.5)				
	DMV seeks the benefit of your experience and knowledge of the above named patient's condition and the course of treatment. This information will be used by DMV solely in evaluating the request for a restricted driver license and the restriction applicant's ability to drive safely. Please answer all questions.				
	BRIEF DESCRIPTION OF HEALTH PROBLEM		TREATMENT	EXPECTED FINAL TREATMENT DATE	
	ADDRESS WHERE TREATMENTS WILL BE ADMINISTERED				
	CITY	STATE	ZIP CODE		
	IN YOUR PROFESSIONAL OPINION, WOULD APPLICANT'S CONDITION AND/OR TREATMENT BE LIKELY TO AFFECT HIS/HER DRIVING ABILITY?				
	<input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, please explain)				
	DATE	PRACTITIONER'S SIGNATURE <b>X</b>	PRACTITIONER'S PRINTED NAME	PROFESSIONAL LICENSE NO.	
	PRACTITIONER'S ADDRESS		TELEPHONE NUMBER (     )		
	CITY	STATE	ZIP CODE		
	<b>Part D APPLICANT'S CERTIFICATION</b>	<b>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</b>			
		DATE	SIGNATURE <b>X</b>		
<b>DMV USE ONLY</b>	AUTHORIZED DMV EMPLOYEE		<input type="checkbox"/> Refer to DS Office <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	LINE DATE/SEQUENCE	

## GENERAL INFORMATION AND INSTRUCTIONS

### Financial Responsibility **NON-COMMERCIAL** Restricted License

Vehicle Code (VC) Sections 16072, 16073, and 16077 allow for a non-commercial restricted driver license when your driving privilege is suspended under the Financial Responsibility Law because of an uninsured accident. The restricted license is available for the first year of the suspension, and allows you to drive yourself or a passenger (a child under age 18 or other members of your household, depending on the restriction requested) when you meet the following requirements:

1. Complete the Applicant Information, the parts of this application — A, B or C — that match the restriction(s) you request, and Part D. Restrictions last one year from the suspension date, and must be approved by DMV.
2. Pay a single \$250 penalty fee for any or all of the restrictions. The fee is due in a single payment. **NOTE:** This fee is not due if you will only be driving your employer's vehicles during your employment as a driver. See the *Exemption from Suspension*, below.
3. File a California Insurance Proof Certificate (form SR 22/SR 1P), and keep it on file for a total of four (4) years from the suspension effective date. One year from the suspension date, the restriction(s) will end. Your unrestricted license will be valid while this Certificate remains on file. **NOTES: (1)** An SR 1P certificate is acceptable unless another action requires the SR 22 certificate. **(2)** This proof certificate is not required if you will be driving only as permitted under the *Exemption from Suspension*, below.
4. Pay a reissue fee, if due. (The fee is not due in the Financial Responsibility [FR] suspension if the restriction application is completed and approved *before* the suspension starts.)

***Exemption from Suspension DOES NOT APPLY to any commercial Class A, B or commercial Class C driver due to FEDERAL REGULATIONS.***

*Except for commercial drivers (unless they downgrade to a non-commercial Class C or M license), VC Section 16073 allows persons employed as drivers to operate non-commercial vehicles **not** registered in their names while on the job. This exemption from the FR suspension does not authorize driving to or from the job site. The exemption is automatic — it does not require an application, penalty fee or proof certificate. **NOTE:** The course of employment restriction [Part A, over] allows driving to-and-from work as well as on-the-job.*

#### **Part A — To, From and During Employment Driving Restriction**

Check the box for this restriction. The restriction covers driving both to and from work and on the job, and lets you drive vehicles registered in your own name as well as other insured vehicles.

#### **Part B — School Transportation for Dependent Minor Driving Restriction**

Check the box for this restriction. Complete the name and grade level of the child living in your home. The school principal or administrator where the child is enrolled must certify that no form of public transportation or school bus is available between the home and the school. This restriction is available for Kindergarten through 12th grade pupils under the age of 18. It does not cover daycare, preschool, or after-school activities. It also does not cover the transportation of college, university or other post-high school students, regardless of age, or students driving themselves.

#### **Part C — Medical Treatment Driving Restriction**

Check the box for the restriction requested, and the box showing whether you need to drive *yourself*, a *family member*, or *both self and family* to and from treatment.

- Complete Section **1** if you are requesting a restriction to drive a *family member* (your spouse, child, other relative, or another person who lives with you) to and from medical treatments for a health problem requiring more than one (1) treatment appointment.
- Complete Section **2** if requesting a restriction to drive *yourself* to and from medical treatments for a health problem requiring more than one (1) treatment. Have your medical practitioner (a licensed physician; surgeon; dentist; psychiatrist; psychologist; clinical social worker; marriage, family and child counselor; or other licensed health care professional) complete Section **3**.

**NOTE:** A health problem may result in suspension of your driving privilege, if DMV determines your medical condition or its treatment impairs your ability to safely operate a motor vehicle. If the department requires further evaluation of your safe driving ability, it may conduct a reexamination. You will receive notice by mail if additional medical information, or a reexamination, is necessary.

*Please take this application, the \$250 penalty fee, the SR 22/SR1P insurance certificate, and the reissue fee, if due, to your local DMV field office. For faster service, please call ahead for an appointment. DMV phone numbers can be found in the State Government section of your phone directory.*