APPLICATION FOR SPECIAL PERMIT TO OPERATE A MOTOR VEHICLE TO AND FROM WORK

A-62 REV. 5-2001

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER SERVICES DIVISION
60 STATE STREET, WETHERSFIELD, CT 06161-2530
TELEPHONE: (860) 263-5720
On The Web At http://dmvct.org

INSTRUCTIONS:
1. Please print or type.
2. Complete the application in detail.
3. Multiple employment requires separate applications.

Operation of motor vehicles requiring a CDL or used for Public Passenger Transportation is PROHIBITED under the Special Permit Program

YOUR OFFICIAL DRIVING RECORD WILL BE REVIEWED AS PART OF THIS APPLICATION.

NAME OF APPLICANT *(Last, First, Middle)*	DATE OF BIRTH	OPERATOR LICENSE NUMBER/STATE	SEX
			M ☐ F ☐

MAILING ADDRESS *(Number and Street)* *(City or Town)* *(State)* *(Zip Code)*

RESIDENCE ADDRESS *(If different)* *(Number and Street)* *(City or Town)* *(State)* *(Zip Code)*

NAME OF EMPLOYER *(If self-employed, include business name and legal proof of self-employment)*

ADDRESS OF EMPLOYER *(Number and Street)* *(City or Town)* *(State)* *(Zip Code)*

OCCUPATION	HOME TELEPHONE NUMBER
	( )

DAYS AND HOURS OF EMPLOYMENT *(Specify A.M. or P.M.)*

MON. **THU.**
TUE. **FRI.**
WED. **SAT.**
SUN.

TO BE ISSUED A WORK PERMIT, YOUR SCHEDULE MUST BE CLEARLY IDENTIFIED, AND MAY NOT EXCEED A CONTINUOUS 12-HOUR PERIOD PER DAY.

IF YOU HAVE MORE THAN ONE PLACE OF EMPLOYMENT, EACH EMPLOYER MUST COMPLETE A SEPARATE APPLICATION.

What is the distance and the commuting time from your residence to your place of employment?

Is public transportation available from your residence to your place of employment? ☐ **YES** ☐ **NO**

What *significant* hardship(s) will you suffer without a Special Operator's Permit?

What efforts have you made to obtain other transportation?

PRINTED NAME OF SUPERVISOR	SIGNATURE OF SUPERVISOR	PRINTED JOB TITLE OF SUPERVISOR	WORK TELEPHONE
	X		( )

NOTICE: **Your operator's license is under suspension. If you operate any vehicle outside of the authorized hours, you may be subject to arrest. If you operate a motor vehicle for a purpose not authorized by law, a police officer may make a report to the Commissioner of Motor Vehicles and you will be subject to a civil penalty of up to $500. If your operator's license is suspended for another reason while you are in possession of this permit, the permit is revoked, and if you thereafter operate a motor vehicle you will be subject to double the penalties imposed by law. If you alter or make improper use of the permit, you will be subject to criminal penalties.**

OATH: **I swear or affirm under penalty of false statement in accordance with Connecticut General Statute 53a-157, and subject to penalties for perjury for a deliberate false statement, that the above information is true and correct.**

PRINTED NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE SIGNED
	X	

DMV USE ONLY

PERMIT: ☐ APPROVED ☐ DENIED	DATE PERMIT ISSUED *(If Approved)*	PERMIT VALID UNTIL *(If Approved)*

REASON FOR DENIAL

☐ **DRIVING HISTORY** ☐ **NO SIGNIFICANT HARDSHIP** ☐ **INELIGIBLE** ☐ **OTHER** *(Provide Details)*

AUTHORIZED SIGNATURE *(DMV)*	PRINTED NAME	DATE SIGNED
X		