	2.3			
Driver License Number				Date of Birth (MM/DD/YYYY)
Name (Last, First, Middle Initial) Street Address (Do not use P.O. Box) City			Social S	ecurity Number
		City, S	l State, ZIP	
Mailing Address (If different from street address)		City, State, ZIP Code		
E-mail Address		Phone Number		
Арр	olicant is requesting a limited driving privilege for the following re	eason(s): (M	ust select	at least one box)
	Employment (Must provide name and address of employer(s) or if self-employed, name and address of business and type of employment.)			
	Education (Must provide the school(s) name and address.)			
Attending a Substance Abuse Traffic Offender Program (SATOP) (Provide name and address of alcolor program, if known.)				•
suos	To and from a certified ignition interlock device (IID) service facility			
Keä L	Seeking medical treatment			
Limited Driving Privilege Reasons	unable to operate a motor vehicle will result in a hardship to the applicant because traveling is required: To and from child care (Must provide child care provider(s) name and address.)			
riving F	To and from bank (Must provide the name and address of the bank.) To transport child or children to and from school(s) (Must provide the school(s) name and address.) To transport child or children to and from spousal or guardian visitation (Must provide the address.)			
	OTHER			
☐ To and from grocery store ☐ To and from gas station ☐ To seek employment				
☐ To and from pharmacy ☐ To and from court obligations ☐ To and from church				
The applicant must have proof of insurance (i.e., SR-22) on file with the Director of Revenue when submitting this application. Proof of Ignition Interlock Device (IID) service or installation must also be provided if applicable.				
Applicant's Signature				Date of Application (MM/DD/YYYY)
Appli Appli				//

If the application is approved, an order granting the limited driving privilege will be mailed to you. You must carry the original copy of the Limited Driving Privilege Notice with you when operating a motor vehicle.

Mail to: Driver License Bureau Phone: (573) 526-2407

Fax: (573) 522-8795

P.O. Box 200

Jefferson City, MO 65105-0200

E-mail: dlbmail@dor.mo.gov

Visit http://dor.mo.gov/drivers/ldp.php for additional information.

