Reset Form Print Form

Form 4595

Missouri Department of Revenue

Application for Limited Driving Privilege

Driver License Number	Date of Birth (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___
Name (Last, First, Middle Initial)	Social Security Number | | | | | | | | |
Street Address (Do not use P.O. Box)	City, State, ZIP Code
Mailing Address (If different from street address)	City, State, ZIP Code
E-mail Address	Phone Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Limited Driving Privilege Reasons

Applicant is requesting a limited driving privilege for the following reason(s): (Must 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 alcohol or drug treatment program, if known.) _____
- ☐ To and from a certified ignition interlock device (IID) service facility
- ☐ Seeking medical treatment

Being 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.) _____
- ☐ 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.

Sign

Applicant's Signature	Date of Application (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___

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
P.O. Box 200
Jefferson City, MO 65105-0200

Phone: (573) 526-2407
Fax: (573) 522-8795
E-mail: dlbmail@dor.mo.gov

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