KETTERING MUNICIPAL COURT

LIMITED DRIVING PRIVILEGES - LOCATIONS/HOURS REQUEST

	O A MAXIMUM of 12 hours a day/5 days or 10 hours a day/6 days per week QUIRED for work, school, family needs or medical treatment/counseling – if ole by the judge.
Full Name:	Date of Birth:
Current Address:	City/State/Zip:
Home Phone: ()	Cell Phone: () Email:
	WORK INFORMATION
Employer Name:	Employer Phone: ()
Employer Address/City/State	
Supervisor Name and Phone	·
Travel Time To Work:	Are you required to drive during your work hours? Yes No (NOTE: Permits are not valid for Commercial Vehicles)
Employer Name 2:	Employer Phone: ()
Employer Address/City/State	
Supervisor Name and Phone	
Travel Time To Work:	Are you required to drive during your work hours? Yes No (NOTE: Permits are not valid for Commercial Vehicles)
	SCHOOL INFORMATION
School Name:	Travel Time to School:
School Address/City/State: _	
NOTE: You must carry you	r current class schedule with you when driving If School Privileges granted
(Please s	OTHER SPECIFIC PRIVILEGES pecify days/times/address/reason/provider name and phone if applicable)
Applicant Signature:	Date:
responsibility for your vehi	IT proof of insurance: You are required to provide proof of liability insurance/financial cle and you may be required to have FRA (SR 22 or BOND) insurance. If granted, this se(s) listed above. It is not valid for any other suspensions imposed by any other Court or by in different cases.
	Clerk's Office: Insurance verified
Judge's Action-Follow-up: Set for HearingPrivileo	es ApprovedNot eligible for Privileges until the following issues are resolved with the BMV: