

DO NOT WRITE ABOVE THIS LINE - FOR DEPARTMENT USE ONLY
DO NOT REMOVE/DETACH ANY PART OF THIS FORM



Iowa Department of Transportation

REQUEST FOR TEMPORARY RESTRICTED LICENSE (WORK PERMIT) OR HEARING

You may be eligible for a temporary restricted license (work permit) if your license has not been revoked for an alcohol related offense within the previous twelve years and you are not currently suspended or revoked for another reason, or if your license has been revoked for refusing to submit to a chemical test and you have pled guilty to the OWI charge. You are not eligible for a work permit for the first 30 days if your license is revoked for failing the chemical test and it is your first revocation in twelve years unless there was no accident involvement and the test result is less than .15, then you can apply immediately and not wait 30 days. There is no requirement for an ignition interlock device if the test result is not more than .10 and there was no accident involvement. If you refused the test and it is your first revocation in twelve years, you are not eligible for the first 90 days. A temporary restricted license is not valid for operation of a Commercial Motor Vehicle. You may contact the Office of Driver Services to verify eligibility. You are NOT eligible for a temporary restricted license if your license was revoked because you were under age 21 and you had a test result of two hundredths (0.02) but less than eight hundredths (0.08).

If you are eligible, the enclosed temporary restricted license application must be completed in detail. You must also file form SR-22 (auto liability insurance certificate) covering every vehicle you will drive or register and pay a \$200 civil penalty before the temporary restricted license can be issued. The application, SR-22 and the \$200 civil penalty must be delivered to the Office of Driver Services. You will be notified to appear before a driver examiner for issuance of the temporary restricted license.

If you wish to request a hearing to contest the revocation and/or disqualification, this form must be completed and returned to the Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204, within **ten days** after you receive notice of revocation or within 30 days after you receive notice of disqualification or your right to a hearing to contest this action is foreclosed. You cannot operate a motor vehicle after the effective date of the revocation and/or disqualification until you receive authorization from the Office of Driver Services.

- I hereby request a temporary restricted license (work permit) only.
- I hereby request a hearing to contest the revocation and/or disqualification of my privilege to drive.

Name: _____
Last First Middle

_____ Street Address City State Zip Code Telephone Number

Driver License No.: _____ Birth Date: _____
Mo. Day Yr.

Date of Occurrence: _____ County of Occurrence: _____

Name of Law Enforcement Agency: _____

Attorney (if you have one): _____
Name

_____ Street Address City State Zip Code Telephone Number

NO ENVELOPE REQUIRED. SEE REVERSE FOR MAILING INSTRUCTIONS.

Fold in thirds as indicated, then remove liner from adhesive strip on reverse side and seal.

◀ FOLD HERE SECOND

From _____

PLACE STAMP
HERE
Post Office
will not deliver
mail without
First Class
postage.

IOWA DEPARTMENT OF TRANSPORTATION
OFFICE OF DRIVER SERVICES
P.O. BOX 9204
DES MOINES IOWA 50306-9204

◀ FOLD HERE FIRST