

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			
Ма	Mailing Address (If different from street address)			City, State, ZIP Code		
E-n	E-mail Address			Phone Number		
			(	)		
	Appli	cant is requesting a limited driving privilege for the following reason	n(s): (Mı	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.)				
Limited Driving Privilege Reasons		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				
ıvılege	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.)				
ving Pr		To and from bank (Must provide the name and address of the bank.)				
ited Dr		To transport child or children to and from school(s) (Must provide the school(s) name and address.)				
LIM		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				
	The a	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	Applic	cant'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.

Form 4595 (Revised 02-2017) Phone: (573) 526-2407 Mail to:

Driver License Bureau

P.O. Box 200

Jefferson City, MO 65105-0200

**Fax:** (573) 522-8795 E-mail: dlbmail@dor.mo.gov Visit <a href="http://dor.mo.gov/drivers/ldp.php">http://dor.mo.gov/drivers/ldp.php</a> for additional information.

