



# ALABAMA LAW ENFORCEMENT AGENCY

## DRIVER LICENSE DIVISION

301 SOUTH RIPLEY STREET / P.O. BOX 1471 / MONTGOMERY, AL 36102-1471

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HARDSHIP LICENSE UNIT

FAX 334.353.9998

EMAIL HARDSHIP.LICENSE@ALEA.GOV

APPLICATION MAY BE SUBMITTED TO P.O. BOX ADDRESS OR EMAIL ADDRESS ABOVE

### APPLICATION FOR HARDSHIP LICENSE

Applicant Type (choose only one):

- Participating in an ADOC regulated work release program <sup>1</sup>
- Participating in a recognized/compliant Community Corrections Program <sup>1</sup>
- Released from Alabama Department of Corrections custody as demonstrated by ADOC Form C-80
- License suspended/revoked and cannot obtain reasonable transportation <sup>2</sup>
- Renewal <sup>3</sup>

*A person who has been adjudicated or convicted of DUI under Alabama Code Section 32-5A-191 is not eligible to apply for a hardship license.*

Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ AL Driver License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

I do solemnly swear, affirm, and certify I am the person named herein and the statements on this application, including all required attachments, which are hereby incorporated by this reference, are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### Attachments Required:

- \_\_\_\_\_ Letter from program director of work release or community corrections program (applies to <sup>1</sup> designations above)
- \_\_\_\_\_ List of anticipated places applicant will travel (work, home, church, etc.) and address of each
- \_\_\_\_\_ Documentation for all anticipated routes applicant will travel (using Google Maps, MapQuest, etc.)
- \_\_\_\_\_ List of anticipated times of travel (in relation to work shifts, religious ceremony times, etc.)
- \_\_\_\_\_ List and description of all specific vehicles applicant may use (including the Owner, if not Applicant, Make, Model, Tag No.); **PROOF OF MANDATORY LIABILITY INSURANCE SHALL BE PROVIDED FOR EACH VEHICLE**
- \_\_\_\_\_ Statement regarding inability to obtain reasonable transportation (applies to <sup>2</sup> designation above)
- \_\_\_\_\_ Proof of SR-22 insurance (if applicable)
- \_\_\_\_\_ Documentation of good cause to the reasonable satisfaction of ALEA (applies to <sup>3</sup> designation above)

**DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY**

Application received date: \_\_\_\_\_

DL Record Updated: \_\_\_\_\_

Application approved this date: \_\_\_\_\_

Rejected this date: \_\_\_\_\_

Approved/Rejected by: \_\_\_\_\_

Email Sent date: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Letter sent date: \_\_\_\_\_