STA	ATE O	F NORTH	CAROLIN	A		File No.			
County					In The General Court Of Justice ☐ District ☐ Superior Court Division				
STATE VERSUS Name And Address Of Defendant					LIMITED DRIVING PRIVILEGE IMPAIRED DRIVING OR OPEN CONTAINER OR UNDERAGE ALCOHOL VIOLATION				
Race		Sex	Height	Weight	(N.	C. CONVICTIONS ONLY) G.S. 20-17.3, 20-179.3, 20-138.3(d), 20-138.7(h)			
Hair Col	or	Eye Color	Date Of Birth		Drivers License No.	State			
Date Of Offense					Date Of Conviction				
NOTE	NOTE: Use AOC-CV-352 when defendant's license was revoked for a conviction in another state or in a federal court. Use AOC-CR-340 when imposing an ignition interlock restriction.								
				FIND	INGS				
1 C C C C C C C C C C C C C C C C C C	 Upon application of the defendant for a limited driving privilege, the Court finds that: The defendant has been convicted of impaired driving under								
8.	 The defendant has obtained and filed with the court a substance abuse assessment; If convicted only under G.S. 20-138.3, the defendant was 18, 19 or 20 years old on the date of the offense and has not previously been convicted of a violation of G.S. 20-138.3; (NOTE: Even if the defendant was 18, 19 or 20 years old at the time of the offense, he/she may not receive a limited driving privilege if his/her current conviction was under either (1) G.S. 20-138.1 or (2) both G.S. 20-138.1 and G.S. 20-138.3.) 								
J. [9. a. The Court has been furnished a properly executed form DL-123 and is satisfied that the defendant is financially responsible. b. The defendant has executed form DL-123A and is not required to furnish proof of financial responsibility.								
				OR	RDER	· · ·			
acco Vehi limite	ordance wi cles revok	th the restriction ses the defendar privilege is cond	s imposed on the	e reverse of this for e pursuant to G.S.:	m, and to expire one y 20-17(a)(2), G.S. 20-	on the date indicated below to be used in year from the date on which the Division of Motor I3.2(a), G.S. 20-17(a)(12), or G.S. 20-17.3. This ity required by G.S. 20-179.3(I) during the period			
Effective	Date				Date				
NOTE TO DEFENDANT: This privilege is no longer valid after					Signature Of Judge				
the revocation period for the offense of which you were convicted has ended, or if your drivers license remains revoked solely					Name Of Judge (Type O	r Print)			
becau certific	se the Div	ision of Motor Vo r completion of	ehicles has not o a substance abus education traffic	<u>btained a</u> se treatment					

RESTRICTIONS									
The driver shall not drink alcohol while driving or drive while any alcohol remains in his/her body. The driver shall not drive while having a controlled substance in his/her body unless such controlled substance was lawfully obtained and taken in therapeutically approved amounts. This limited driving privilege DOES NOT include the privilege of operating a commercial motor vehicle as defined in G.S. 20-4.01(3d). Driving when essential for emergency medical care is authorized at any time. Standard working hours are from 6 AM to 8 PM, Monday - Friday.									
Driving other than for emergency medical care is permitted only as follows: (check only applicable boxes.)									
1. Driving is permitted fo follows:	1. Driving is permitted for work-related, religious worship, or educational purposes during standard working hours as follows:								
Driving is permitted for maintenance of household during standard working hours as follows:									
3. Driving is permitted fo as follows.	3. Driving is permitted for work-related, religious worship, or educational purposes during nonstandard working hours as follows.								
☐ The driver is self employed and the required documentation for work-related driving is attached.									
4. Driving is permitted for community service assignment, Alcohol and Drug Education Traffic School, and substance abuse assessment or treatment as follows:									
 5. Driving is restricted to: a. any non-commercial vehicle registered in the name of the driver. b. the following non-commercial vehicle(s): 									
6. Additional restrictions:	☐ Corrective Lenses	☐ 45 M.P.H. Only	Daylight Only						
Name And Address Of ADET School, Comn Treatment Facility To Which Driver Assigned	nunity Service Coordinator, Or Mental Health d	Name And Address Of Employer Or Dr.	iver's Place Of Work						
	NOTICE/ACKNOWLED	GMENT OF RECEIPT							
I have received a copy of this limited driving privilege which contains the restrictions on my driving privilege. I understand that if I drive with the odor of alcohol on my breath, I may be subject to arrest and loss of this limited driving privilege; I understand that this is my limited license to drive; that I must keep it in my possession during the period of revocation; that if my drivers license is revoked for any other reason, this limited driving privilege is invalid; that a violation of any restriction imposed in connection with this limited driving privilege constitutes the offense of driving while license revoked under G.S. 20-28; that if community service has been ordered, my willful failure to pay the prescribed fee or complete the community service within the time limit imposed shall result in revocation of this limited driving privilege; and that my willful failure may also result in other action authorized by law for violation of a condition of probation.									
Date									
		ICATION							
I certify that this is a true and complete copy of the original on file in this case.									
Date	Signature		Deputy CSC Assistant CSC Clerk Of Superior Court						