STA	TE OF	NORTH	CAROLIN	IA		File No.				
			Coun	ty		In The General Court Of Justice District Court Division				
		IN THE N	MATTER OF							
Name And Address Of Applicant					L	LIMITED DRIVING PRIVILEGE IMPAIRED DRIVING (OUT-OF-STATE OR FEDERAL				
Race	5	Sex	Height	Weight	_	CONVICT	TONS)			
							G.S. 20-179.3			
Hair Colo	r E	Eye Color	Date Of Birth		Drivers Licens	ie No.	State			
Date Of Offense					Date Of Convi	iction	<u> </u>			
NOTE			Use this form wh under G.S. 20-138		ense is revoked	because of a conviction in a	nother jurisdiction substantially			
	Sirillar to r	inpaired unving t	under G.S. 20-130		IDINGS					
Upon a	application	of the applican	it for a limited dr	riving privilege, the		at:				
_	 period of nonoperation has expired; The records of the Division of Motor Vehicles and the Clerk of Superior Court in this county have been searched, and there are no other revocations in effect at this time; and (check only one) a. The Court has been furnished a properly executed form DL-123 and is satisfied that the applicant is financially responsible. b. The applicant has executed form DL-123A and is not required to furnish proof of financial responsibility. 									
5.	The applic	cant	has not			nts under G.S. 20-179.3 a	at this time.			
It is ORDERED that the applicant be allowed a limited driving privilege to be effective on the date indicated below, to be used in accordance with the restrictions imposed on the reverse of this form, and to expire one year from the date on which the Division of Motor Vehicles revoked the applicant's drivers license pursuant to G.S. 20-23. This limited driving privilege is conditioned upon the maintenance of financial responsibility as required by G.S. 20-179.3(I) during the period of this privilege. 2. It is ORDERED that the applicant NOT be allowed a limited driving privilege at this time.										
Effective Date					Date					
					Signature Of (Chief District Court Judge				
					Signature Or C	Shiel District Court Juage				
					Name Of Chie	ef District Court Judge (type or pr	int)			
This pri	d solely beca	longer valid after	of Motor Vehicles				your drivers license remains abuse treatment program or an			

	RESTR	ICTIONS							
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.									
Essential driving, other than for emergency medical care, is permitted only as follows: (check only applicable boxes)									
☐ 1. Driving is permitted for work-related, religious worship, or educational purposes during standard working hours as follows:									
2. Driving is permitted for maintenance of household during standard working hours 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):									
The above vehicle shall be equipped with a functioning ignition interlock system of a type approved by the Commissioner of Motor Vehicles and the driver shall personally activate the ignition interlock system before operating the vehicle. The driver may drive to and from any ignition interlock service facility for installation and service purposes.									
6. Additional restrictions: Other: (specify)	Corrective Lenses	☐ 45 M.P	P.H. Only	☐ Daylight Only					
Name And Address Of ADET School, Treatment Facility To Which Driver Ass	Community Service Coordinator, Or Mental Health signed	Name And Address	Of Employer Or Driver	's Place Of Work					
NOTICE/ACKNOWLEDGMENT 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 for essential purposes as set out above; 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		Signature Of Applica	ant						
CERTIFICATION									
	complete copy of the original on file in	his case.							
Date	Signature			Deputy CSC Assistant CSC Clerk Of Superior Court					