STATE C	F NORTH	CAROLINA			File No.			
		County			In The General Court Of Justice District Court Division			
IN THE MATTER OF:								
Name And Address Of Applicant				LIMITED DRIVING PRIVILEGE PRETRIAL REVOCATION (IMPLIED-CONSENT OFFENSE)				
Race	Sex	Height	Weight	-		-		
Hair Color	Eye Color	Date Of Birth		Drivers License N	lo.	G.S. 20-16.5 State		
Date Of Offense				Date Of Revocati	on If Different From Offense Date			
NOTE: Use t	this form only for r	evocations under	G.S. 20-16.5.					
			FIND					
Upon applica	ition of the defer	ndant for a limite	ed driving privile	ge, the Court	finds that:			
1. The defendant's license is currently revoked under G.S. 20-16.5.								
	ne of the alleged han one year.	l offense, the ap	oplicant held eith	ner a valid driv	vers license or a license that h	nad been expired		
3. On (name	3. On <i>(name date)</i> , the applicant							
Surre OR	ndered his/her li	cense as define	ed in 20-16.5(a)(	5).				
demo	nstrated that he/	she was not cu	rrently licensed	at the time of	the offense.			
	icant does not h s current revoca			arges involvir	ng impaired driving except for	the charge which		
	icant has not had for which the lice				paired driving since being cha	arged for the		
6. The applicant's drivers license has been revoked for at least revocation is thirty (30) days. thirty (30) days and the minimum period of revocation is forty-five (45) days.								
	icant has obtain o participate in a				e assessment; and has regis am.	tered for and		
<ol><li>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.</li></ol>								
			ORI	DER				
used in acco specified be	ordance with the	restrictions imp	oosed on the rev	erse side of t	be effective on the date india his form, and to expire on the aintenance of any financial rea	expiration date		
Effective Date		Expiration Date		Date				
				Signature Of Dist	trict Court Judge			
				Name Of District	Court Judge (Type Or Print)			
				L				
AOC-CVR-10 R	lov 10/15	Ori	ginal-File Certified C	copy-Applicant Co	ppy-DMV			

	RE	STRICTIONS					
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 <b>DOES NOT</b> 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 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 treatment as follows:							
<ul> <li>5. Driving is restricted to:</li> <li>a. any non-commercial vehicle registered in the name of the driver.</li> <li>b. the following non-commercial vehicle(s):</li> </ul>							
The above vehicle shall be equipped with a functioning ignition interlock system of a type approved by the Commissioner of Motor Vehicles and the defendant 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:	Corrective Lenses	🗌 45 M.P.H. C	Dnly 🗌 Daylight Only 🔲 Other:				
Name And Address Of ADET School, Com Health Treatment Facility To Which Driver /	nunity Service Coordinator, Or Menta Assigned	al Name And Addre	ess Of Employer Or Driver's Place Of Work				
	NOTICE/ACKNO	VLEDGMENT OF	RECEIPT				
that if I drive with the odor of understand that this is my lin that if my drivers license is re	alcohol on my breath, I m nited license to drive; that evoked for any other reaso	ay be subject to ar I must keep it in m on, this limited drivi	restrictions on my driving privilege. I understand rrest and loss of this limited driving privilege; I by possession during the period of revocation; ing privilege is invalid; that a violation of any tutes the offense of driving while license revoked				
Date		Signature Of Defe	iendant				
		RTIFICATION					
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				
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