STATE O	F NORTH	CAROLINA	L .	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			G.S. 20-16.5		
Hair Color	Eye Color	Date Of Birth		Drivers Licens	se No.	State		
Date Of Offense		1		Date Of Revocation If Different From Offense Date				
NOTE: Use this t	form only for revocat	tions under G.S. 20-						
		_		INGS				
			ng privilege, the C		at:			
<ol> <li>At the tim one year.</li> <li>On <i>(name</i>)</li> </ol>		ffense, the applica	plicant:		cense or a license that had been ex	pired for less than		
OR								
	strated that he/sh	e was not current	ly licensed at the	time of the c	ffense			
4. The appli		e any unresolved	-		paired driving except for the charge	which led to this		
	cant has not had a e is currently revo			ving impaire	d driving since being charged for the	violation for which		
			oked for at least period of revocati		days and the minimum period of revive (45) days.	ocation is thirty (30)		
			s Court a substand reatment program		sessment; and has registered for an	d agreed to		
	ds of the Division		and the Clerk of	Superior Co	urt in this county have been searche	ed and there are no		
			OR	DER				
accordance wit limited driving p of this privilege	h the restrictions i privilege is condition	mposed on the re oned upon the ma	everse side of this	form, and to financial res	ective on the date indicated below to expire on the expiration date specif ponsibility required by G.S. 20-179.3	ied below. This		
Effective Date		Expiration Date		Date				
		1		Signature Of I	District Court Judge			
			Name Of District Court Judge (type or print)					
		Original		py - Applicant ver)	Copy - DMV			

		RESTRI	CTIONS							
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.										
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:										
<ul> <li>3. Driving is permitted for work-related, religious worship, or educational purposes during nonstandard working hours as follows:</li> <li>The driver is self-employed and the required documentation for work-related driving is attached.</li> </ul>										
	ed for community service assig			-		ance abuse treatment				
<ul> <li>5. Driving is restricted to:         <ul> <li>a. any non-commercial vehicle registered in the name of the driver.</li> <li>b. the following non-commercial vehicle(s):</li> <li>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.</li> </ul> </li> </ul>										
6. Additional restrictions: Corrective Lenses 45 M.P.H. Only Daylight Only     Other: (specify)										
Name And Address Of ADET Health Treatment Facility To V				ss Of Employer Or Drive	er's Place Of Worl	(				
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.										
Date			Signature Of Appl	icant						
		CERTIF	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				
			I							