

**PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING THE APPLICATION FOR SPECIAL RESTRICTED LICENSE APPLICATION FOR 15 YEAR OLDS**

**Applicants wishing to obtain an Employment/Education/Medical restricted license must meet the following criteria~**

- Be at least 15 years old and have successfully completed an approved driver education course
- You must submit your completed driving log along with the supplemental application for a restricted driver's license
- You must hold your learners permit for 6 months before applying for a special restricted license

**Employment Restricted License** - This license is intended for applicants who are gainfully employed and have no alternative means of transportation to or from work. Operation for work related activities is allowed. Operation is not allowed for activities beyond the scope of work. \*\* Log 70 hours of driving with a qualified licensed driver, including 10 hours of night driving.

**Educational Restricted License** - This license is intended for a student who has no readily available means of transportation to\from school. It will allow the applicant to drive to and from school only. It is not for after school activities unless participation in after school activities is a requirement of graduation. If transportation of any means is provided by the school system, the student is not eligible for this license. \*\* Log 70 hours of driving with a qualified licensed driver, including 10 hours of night driving.

**Medical Restricted License-** This license is intended for a person under circumstances of a medical necessity experienced by the person or the person's immediate family if the Secretary of State's office determines the circumstances to be exigent. The application must include a signed, notarized statement from the physician attesting to the existence of circumstances of medical necessity; and a signed, notarized statement from the applicant, parent or guardian. \*\* Log 70 hours of driving with a qualified licensed driver, including 10 hours of night driving.

A person holding a special restricted driver's license may operate beyond the terms of the above restriction(s) when accompanied by a licensed driver who:

- Has held a valid license for 2 years;
- Is at least 20 years of age;
- Is occupying a seat beside the driver, and
- Is licensed to operate the class of vehicle operated by the restricted license holder.

The accompanying operator must adhere to all restrictions applied to the license when functioning as the restricted license holder's accompanying operator.

If you have questions regarding this application, please contact the Bureau of Motor Vehicles Examination Section at 207-624-9000 Extension 52119

**SPECIAL RESTRICTED LICENSE APPLICATION FOR 15 YEAR OLDS (Driver Education Required)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Check the appropriate box for the restricted license you are applying:

1.  **RESTRICTED EDUCATIONAL LICENSE**: Complete this portion only if you are applying for a restricted educational license.

I, \_\_\_\_\_, verify that the above named individual attends  
*Principal of School/Superintendent*

\_\_\_\_\_ and there is a lack of readily available means of transportation for him/her.  
*Name of School*

\_\_\_\_\_  
*Signature of Principal/Superintendent*

2.  **RESTRICTED EMPLOYMENT LICENSE**: Complete this portion only if you are applying for a restricted employment license.

I, \_\_\_\_\_, verify that the above named individual is  
*Name of Employer*

employed by me at: \_\_\_\_\_  
*Name, Address and Telephone Number of Business*

\_\_\_\_\_  
*Signature of Employer*

3.  **RESTRICTED MEDICAL LICENSE**: Complete this portion only if you are applying for a restricted medical license.

**To be completed by the physician or medical provider**

I, Dr. \_\_\_\_\_ hereby attest to the existence of circumstances  
*Physician's Name*

of medical necessity for \_\_\_\_\_  
*Name of Person*

\_\_\_\_\_  
*Signature of Physician*

**My signing below attest that there is no readily available alternative means of transportation and that use of a motor vehicle is necessary.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public \_\_\_\_\_ Date: \_\_\_\_\_