## DMV IMPOSED INTERLOCK DEVICE REQUIRED:

- Please read all information on page 2 before you complete this form.
- Print in blue or black ink.
- Keep your copy of this form with your license/permit. If a police officer asks to see your license/permit you must show this attachment.


## MOTORIST'S INFORMATION

| Motorist's Last Name, First Name, M.I. |  |
| :--- | :--- |
| Client ID Number | Date of Birth (Month/Day/Year) |
| Motorist's Mailing Address (Include No., Street and Apt. No., City or Town, State, Zip Code) |  |
| Address Where You Live If Different Than Mailing Address (Include No., Street and Apt. No., <br> City or Town, State, Zip Code) |  |

## CHANGE OF NAME AND/OR ADDRESS



EMPLOYER OR ACCREDITED SCHOOL

| Name |  |
| :--- | :---: |
| Name |  |
|  |  |
| Name |  |

CHILD'S SCHOOL/DAY CARE

| Name | Ad |  |
| :--- | :---: | :---: |
| Name |  | Ad |

## AGREEMENT

A driver license is necessary for my employment, education or medical treatment.
If I am a NYS resident I will visit a Motor Vehicles Office if any information on this form changes (including my address).
I agree to accept and abide by all of the listed conditions of this attachment.


| CHANGE IN EMPLOYMENT/CHILD CARE STATUS |  |
| :--- | :--- | :--- |
| EMPLOYER OR ACCREDITED SCHOOL | Address (Include No., Street and Apt. No., City or Town, State, Zip Code) |
| Name | Address (Include No., Street and Apt. No., City or Town, State, Zip Code) |
| Name | Address (Include No., Street and Apt. No., City or Town, State, Zip Code) |
| CHILD'S SCHOOL/DAY CARE | Address (Include No., Street and Apt. No., City or Town, State, Zip Code) |
| Name |  |

## LICENSE/PERMIT/PRIVILEGE WITH THE PROBLEM DRIVER RESTRICTION INFORMATION

- Eligibility for a license/permit/privilege with a problem driver restriction is made in accordance with Commissioner's Regulations Part 3.2(c)(4) and 136.4(b).
- The attachment MUST be carried with, and presented with, your license/permit or out-of-state license.
- Complete the applicable items; read the Agreement; then sign and date the form.
- A Motor Vehicle representative will fill in the boxes under the signature line and process the completed form.
- You are eligible for a Class D license only.


## FULL LICENSE ISSUANCE (REMOVAL OF THE PROBLEM DRIVER RESTRICTION)

- The Problem Driver Restriction will remain in effect for a period of five years from the date you obtain your permit/license.
- The restriction will automatically be removed at the end of five years. You will need to apply for a duplicate license without the restriction at that time. You may apply online or at a Motor Vehicle Issuing Office.


## OUT-OF-STATE INSTRUCTIONS

- The attachment MUST be carried with your license from your current state when driving in New York.
- You must abide by all the conditions listed below.
- You may operate only a passenger vehicle in the State of New York. You may not operate any type of commercial motor vehicle, taxicab, livery, motorcycle, coach, limousine, van, wheelchair accessible van, or tow truck while on this restriction.


## CONDITIONS OF LICENSE/PERMIT/PRIVILEGE

A license/permit/privilege with a problem driver restriction is not valid to operate a vehicle for which a commercial driver license is required or to operate a motorcycle, taxicab, livery, coach limousine, van, wheelchair accessible van, or tow truck.

If you receive a license/permit/privilege with a problem driver restriction with interlock, the device must be installed on any vehicle you own or operate. You may drive ONLY under the following conditions:

1. To and from your place of employment.
2. During the hours of your employment, if your occupation requires the operation of a motor vehicle. If driving for employment, your employer must provide you with signed documentation, on company letterhead, advising they have knowledge of the interlock restriction and grant permission for you to operate the vehicle for business purposes without the device. You must carry this document with you when operating the employer's vehicle.
3. To and from the Motor Vehicles office to transact business with regard to the license/permit/privilege containing a problem driver restriction.
4. To and from a class or course at an accredited school, college or university, or a state-approved institution of vocational or technical training, in which you are enrolled. A license with a problem driver restriction CANNOT be used to drive to and from a high school.
5. To and from a medical appointment which is part of a necessary medical treatment for you or a member of your household. You may be required to provide a written statement from your licensed medical practitioner that verifies such travel.
6. To and from a child's school/day-care if the child's attendance at the school/day-care is necessary for you to maintain employment or to maintain enrollment at an accredited school, college or university or a state-approved institution of vocational or technical training.

## REASONS FOR REVOCATION OF A LICENSE/PERMIT/PRIVILEGE WITH A PROBLEM DRIVER RESTRICTION:

1. You receive a conviction certificate requiring mandatory suspension or revocation.
2. You are convicted of following too closely, a speeding violation, speed contest, operating out of restriction or reckless driving or ANY two traffic violations (including seat belt, cell phone and violations attributable to the operator) other than parking, stopping, standing, equipment, inspection, or other non-moving violations, where such violations occurred from the approval date of the license/permit/privilege with a problem driver restriction.
3. You are convicted of an offense indicating that you have driven in violation of the problem driver restriction.
4. The Department of Motor Vehicles receives any other information which would make you ineligible as otherwise permitted by law.

DS-23 (2/13)
PAGE 2 OF 2

