

Employer – Supervisor's Position/Job Title

Administrative Driver's License Revocation Office ("ADLRO")

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1001 Bishop Street, Suite 500
Honolulu, Hawai'i 96813
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Toll Free Number: 1-866-826-5656

Website: www.courts.state.hi.us/courts/administrative/adlro.html

EMPLOYER'S SWORN STATEMENT IN SUPPORT OF RESPONDENT'S APPLICATION FOR AMENDED EMPLOYEE DRIVER'S PERMIT

Employer InstructionskÁÁÙ à{ãÁcŒrA ^{] [^^¦Ë;}}^åÁ[[d̞¦Æ;^Œ& ^Á^*ãdæ	Á¦¦{Áq!*^c@¦Á;ão ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	@^{] [^^¦g^Áà`•ã^••Á& & ^G���Ü^•][}å^}oÁ	ædå Áæ) å ÁæÁ&[]^Á[-Ác@A #]Áå^Á[]^¦ææ]*ÉÄ
,, swear or affirm that the following is true and correct: Employer – Supervisor's Name (First, M.I., Last)			
Employer – Supervisor's Name (First, I	M.I., Last)		
1. Respondent is currently employed in a position that requires driving; and			
Respondent will, in fact, be disc a vehicle not equipped with an in	•	•	prohibited from driving
Respondent's Name:		Position/Job Title:	
Employer – Company Name:		Telephone No.:	
Employer Address:			
City:			de:
I, the undersigned Employer – Supe Respondent will include restrictions allo exceed twelve hours per day, and only fonly the vehicle(s) specified; and 3) only employer's vehicle. I also understand the Employer Vehicle(s) - Color/Year/Make	owing Respondent for activities solely was if the permit is kep at other appropriate	to drive: 1) only during within the scope of Resport in Respondent's posses restrictions may be impos	specified hours, not to endent's employment; 2) sion while operating the
Hours of Use (not to exceed 12 hours p			
Specify Days of Use (e.g. M-F) and Add			
I further understand that an employee of license is expired, suspended, or revolved Respondent did not hold a valid license a Hawai'i Revised Statutes ("HRS"); 3) Refor a commercial driver's license under H 3 license under HRS §286-102(b); or 4) F	oked as a result of at the time of Respo espondent holds eit RS §286-239(b), ur	of action other than the ondent's arrest for the viol her a category 4 license nless the permit is restrict	e instant revocation; 2) ation of §291E-61 of the under HRS §286-102(b)
Employer – Supervisor's Signature		Date	

ADLRO AMEND EDP SS 09/16 Rev