

Administrative Driver's License Revocation Office ("ADLRO")
American Savings Bank Tower, 1001 Bishop Street, Suite 500
Honolulu, Hawai'i 96813
Telephone: (808) 534-6800 / Toll Free: 1-866-826-5656 / Fax: (808) 534-6888
Website: www.courts.state.hi.us/courts/administrative/adlro

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

employer Instructions: Submit the employer-owned motor vehicle regis	ils form together with employer's bu tration(s) for the vehicle(s) that Respo	
, swear or affirm that the following is true and correct Employer – Supervisor's Name (First, M.I., Last)		
	oyed in a position that requires drivin	
Respondent will, in fact, be d a vehicle not equipped with a	ischarged from employment if Resporn is nignition interlock device.	ndent is prohibited from driving
Respondent's Name: Position/Job		Title:
Employer – Company Name:	Tele	ephone No.:
Employer Address:		
City:	State:	_ Zip Code:
Respondent will include restrictions al activities solely within the scope of Re	pervisor, understand that any employing Respondent to drive: 1) only duespondent's employment; 2) only the vissession while operating the employer's mposed by ADLRO.	uring specified hours and only for ehicle(s) specified; and 3) only if
Employer Vehicle(s) - Color/Year/Ma	ke/Model & License Plate Number:	
Days and Hours of Use:		
Restrictions on Vehicle Use (if any):		
license is expired, suspended, or r Respondent did not hold a valid licens Hawai'i Revised Statutes ("HRS"); 3)	e driver's permit will not be issued to evoked as a result of action other e at the time of Respondent's arrest fo Respondent holds either a category 4 HRS §286-239(b), unless the permit if Respondent is under the age of 18.	than the instant revocation; 2) r the violation of §291E-61 of the license under HRS §286-102(b)
Employer – Supervisor's Signature	Date	
Employer – Supervisor's Position/Jo	Title	