

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

## APPLICATION FOR AMENDED EMPLOYEE DRIVER'S PERMIT

	ed from driving a vehicle i	nt from your employer establishing that you will, in not equipped with an ignition interlock device and drive for purposes of employment.
l,	, swear	or affirm that the following is true and correct:
Respondent's Name (First, N	И.I., Last)	
<ol> <li>I am currently employed in a po</li> <li>I will be discharged from employ interlock device.</li> </ol>		g; and to drive a vehicle not equipped with an ignition
ADLRO Case No.:	Telepho	one No(s):
Respondent's Mailing Address:		
		Year of Birth:
Driver License No., State:		Expiration:
Respondent's Position/Job Title:		
Employer – Company Name:		
Supervisor's Name:		_ Position/Job Title:
Employer Address:		
City:	State:	Zip Code:
State reason for amendment: □ Rev	ocation Period Amende	ed   Expiration of Driver's License Extended
□ Change of Employer / Vehicle(s)	□ Other / Explain:	
allowing me to drive: 1) only during employment; 2) only the vehicle(s) specemployer's vehicle(s). I also understand I further understand that no employee or revoked as a result of action other that arrest for the violation of §291E-61 of the second employees.	g specified hours and o cified; and 3) only if the p d that other appropriate re driver's permit will be issu an the instant revocation; the Hawai'i Revised Statu al driver's license under h	ried to me if: 1) my license is expired, suspended, ; 2) I did not hold a valid license at the time of my ites ("HRS"); 3) I hold either a category 4 license HRS §286-239(b), unless the permit is restricted to
Respondent's Signature		Date