

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: <a href="https://www.courts.state.hi.us/courts/administrative/adlro">www.courts.state.hi.us/courts/administrative/adlro</a>

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

<b>Employer Instructions</b> : Submit this form together with employer's business card and a copy of the employer-owned motor vehicle registration(s) for the vehicle(s) that Respondent will be operating.	
I.	, swear or affirm that the following is true and correct:
I,	
Respondent's Name:	Position/Job Title:
Employer – Company Name:	Telephone No.:
Employer Address:	
City:	State: Zip Code:
Respondent will include restrictions allowing activities solely within the scope of Respondent	isor, understand that any employee driver's permit issued to g Respondent to drive: 1) only during specified hours and only fo ndent's employment; 2) only the vehicle(s) specified; and 3) only is sion while operating the employer's vehicle. I also understand that seed by ADLRO.
Employer Vehicle(s) - Color/Year/Make/M	lodel & License Plate Number:
Days and Hours of Use:	
Restrictions on Vehicle Use (if any):	
license is expired, suspended, or revoke Respondent did not hold a valid license at Hawai'i Revised Statutes ("HRS"); 3) Res	ver's permit will not be issued to Respondent if: 1) Respondent's ed as a result of action other than the instant revocation; 2 the time of Respondent's arrest for the violation of §291E-61 of the pondent holds either a category 4 license under HRS §286-102(b § §286-239(b), unless the permit is restricted to a category 1, 2, o espondent is under the age of 18.
Employer – Supervisor's Signature	Date
Employer – Supervisor's Position/Job Titl	 e