

WYOMING RESTRICTED CLASS DRIVER LICENSE APPLICATION

Information & Instructions for Completion



INFORMATION:

When a restricted license is issued, it will **expire thirty (30) days after the licensee's sixteenth birthday**.

The division may issue a restricted class "C" or "M" license, or both such licenses, to a person who is between the ages of fourteen (14) and sixteen (16) years upon receipt of application, payment of the proper fees, an affidavit of extreme inconvenience signed by the parent or guardian having custody of the applicant and a finding by the highway patrol that extreme inconvenience actually exists.

An applicant for a restricted class "RC" license will be required to have an instruction permit prior to the issuance of the restricted license. The applicant is required to hold the instruction permit for a minimum period of ten (10) days. The applicant is required to present proof of identity, residency (may be in legal parent/guardian name) and social security at the local driver license exam station for the issuance of the permit or restricted license. They must be accompanied by their legal parent/guardian and will be required to pass the written and vision screening at the time of application for the instruction permit. A skills test must be passed prior to issuance of the restricted license. The instruction permit must be surrendered upon issuance of a restricted license.

INSTRUCTIONS: *Please read the following instructions carefully!*

Complete the required application:

1. The affidavit must clearly indicate that the situation is one of **extreme inconvenience**. Extreme inconvenience includes the following circumstances (per W.S. 31-7-117c):
 - The person must drive to school and the person's residence is more than five (5) miles from the school;
 - The person has a regular job (a minimum of 10 hours per week) more than five (5) miles from the person's residence;
 - The person must have the license to work in his parent's business; or
 - Any other circumstance which the highway patrol finds is an extreme inconvenience. Administrative Rules and Regulations of the Driver License Division limits this category to the need to provide transportation for long-term medical treatment or conditions (not to include routine medical office visits). Please contact the Highway Patrol for verification requirements for medical purposes.
2. The number of licensed drivers living in the same household must be listed, along with a clear explanation of why these drivers are not able to provide transportation to the applicant.
3. The completed application must be signed, notarized, and mailed along with all appropriate verification forms to: **Wyoming Highway Patrol, Restricted License Investigations, 5300 Bishop Blvd, Cheyenne, WY 82009-3340**.
4. Restricted license approvals are **only valid for 30 days** from issuance. If a restricted license is not obtained in the 30 day approval timeframe and/or requires **any changes**, a new application must be submitted.

Complete all applicable verification documents:

1. **School Attendance Verification** - Must be completed if the license is to be used for transportation to and from the child's school.
2. **Work Verification** - Must be completed if the license is to be used for transportation to and from the child's place of work.
3. **Verification of Parental Ownership of Business** - Must be completed if the license is to be used in conjunction with the parental business.
4. **Insurance Verification** - Must be completed and submitted with the affidavit.

It may take up to six (6) weeks to receive a response (approval or denial) to your application. Incomplete, inaccurate, or missing documents are grounds for denial of the application.

Note: A restricted class license and driving privilege will be suspended for: 1) a conviction of a moving violation; 2) driving outside the approved hours of 5:00 am through 8:00 pm; 3) driving beyond the fifty (50) mile radius of domicile; and/or 4) conviction of violating the restrictions of the license.

If you have any questions, please call 307-777-4314.

WYOMING RESTRICTED CLASS DRIVER LICENSE APPLICATION



APPLICANT (MINOR CHILD) INFORMATION

		DATE OF BIRTH		
		MONTH	DAY	YEAR
LEGAL LAST NAME		FIRST NAME		MIDDLE NAME, SUFFIX
RESIDENTIAL ADDRESS (Where you currently live)		CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP CODE
HOME PHONE (including area code):	WORK PHONE (including area code):	PARENT EMAIL ADDRESS:		

You must complete all of the following:

1. Describe in detail the "extreme inconvenience": (Attach additional pages as necessary)

2. List the licensed drivers in your household, their employer, hours/days of employment, and explain in detail why each driver cannot transport the minor child: (Attach additional pages as necessary)

3. Is the license needed for school attendance or activities? YES NO
If yes, what hours will the minor child need to drive and what is the distance from home to school?

4. Is the license needed for work purposes? YES NO
If yes, what hours will the minor child need to drive and what is the distance from home to work?

5. Is the license needed for work in parental business? YES NO
If yes, what hours will the minor child need to drive ? _____

I hereby petition the State of Wyoming, Department of Transportation, for a Restricted Driver License for my minor child/ward listed above because of the extreme inconvenience described above and I hereby certify under penalty of perjury that the above information is true and correct. In addition, I certify under penalties of law, that I am the legal parent/guardian having custody of the minor child.

PARENT/GUARDIAN SIGNATURE	DATE	PRINT NAME	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN
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State of _____ County of _____

This _____ signed and sworn to (or affirmed) before me on _____ Date
Title of document being signed & sworn eg. application

by _____
Name(s) or Person(s) Making Statement

(Seal) _____
Signature of Notarial Officer

_____ Title (e.g. Notary Public) OR Rank (Rank if officer in active military)

My commission expires: _____

WYOMING HIGHWAY PATROL USE ONLY	
<u>REVIEW</u> Approved _____ Denied _____	<u>VERIFICATION DOCS</u> <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> BUSINESS <input type="checkbox"/> INSURANCE
<u>COMMENTS</u>	
WHP REPRESENTATIVE SIGNATURE	DATE

**WYOMING HIGHWAY PATROL
RESTRICTED DRIVER'S LICENSE INVESTIGATION
SCHOOL ATTENDANCE VERIFICATION**



INSTRUCTIONS: This form is to be completed by the **Superintendent or Principal** of the school attended by the student. All information must be provided and the form must be notarized. *Information supplied on this form will be used to determine the restrictions of the license. (Incomplete or inaccurate information is grounds for denial). Attached additional sheets and verification as necessary.*

STUDENT NAME		DATE OF BIRTH	
SCHOOL NAME	GRADE LEVEL	ACADEMIC STANDING	
SCHOOL ADDRESS	CITY	STATE	ZIP CODE

Complete all of the following:

1. Is the student academically eligible for activity? YES NO
 2. Is the student eligible for school provided transportation? YES NO
 If no, please explain why or what are the circumstances: (Attach additional pages as necessary)

3. Does the student attend the school for the area in which he/she resides? YES NO
 If no, is it a parental or school decision? Please explain: (Attach additional pages as necessary)

Time classes begin _____ Time classes end _____

4. What is the school's parking policy and does the student understand it?

5. Is campus closed? YES NO
 If no, please explain _____

6. Has student attended driver's education? YES NO
 Principal's recommendation and comments:

List all extra-curricular activities on the school premises: (Attach additional pages as necessary)

ACTIVITY	DAY	TIME BEGINS	TIME ENDS	TEACHER/ADVISOR

I certify that all information provided above is true and correct.

SCHOOL PRINCIPAL SIGNATURE	DATE	PRINT NAME
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State of _____ County of _____

This _____ signed and sworn to (or affirmed) before me on _____
Title of document being signed & sworn eg. school verification Date

by _____
Name(s) or Person(s) Making Statement

Signature of Notarial Officer

Title (e.g. Notary Public) OR Rank (Rank if officer in active military)

(Seal) _____

My commission expires: _____

WYOMING HIGHWAY PATROL
RESTRICTED DRIVER'S LICENSE INVESTIGATION
WORK VERIFICATION



INSTRUCTIONS: This form is to be completed by the **owner or person in charge of the business** which employs the student. All information must be provided and the form must be notarized. *Information supplied on this form will be used to determine the restrictions of the license. (Incomplete or inaccurate information is grounds for denial).*
Attached additional sheets and verification as necessary.

EMPLOYEE/STUDENT INFORMATION:			
NAME	DATE OF BIRTH	DATE OF EMPLOYMENT	
BUSINESS INFORMATION:			
NAME OF BUSINESS (EMPLOYER)			
LOCAL STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF BUSINESS	CONTACT PHONE NUMBER		

Complete all of the following:

1. List the type of work performed by the employee (student):

2. Will the employee (student) be operating a company vehicle?..... YES NO

If yes, attach insurance verification form.

Employer's recommendation and comments:

3. **Attach proof of regular employment (such as pay stub) and work schedule showing a minimum of ten (10) hours per week.**

Note: A restricted class license and driving privilege will be suspended for: 1) a conviction of a moving violation; 2) driving outside the approved hours of 5:00 am through 8:00 pm; 3) driving beyond the fifty (50) mile radius of domicile; and/or 4) conviction of violating the restrictions of the license.

I certify that all information provided above is true and correct.

OWNER OR PERSON IN CHARGE OF THE BUSINESS SIGNATURE	DATE	PRINT NAME
State of _____ County of _____ This _____ signed and sworn to (or affirmed) before me on _____ <small style="padding-left: 20px;">Title of document being signed & sworn eg. work verification</small> <small>Date</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> by _____ <small style="padding-left: 40px;">Name(s) or Person(s) Making Statement</small> </div> <div style="width: 45%; text-align: center;"> _____ <small>Signature of Notarial Officer</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> (Seal) </div> <div style="width: 45%; text-align: center;"> _____ <small>Title (e.g. Notary Public) OR Rank (Rank if officer in active military)</small> </div> </div>		
My commission expires: _____		

WYOMING HIGHWAY PATROL
RESTRICTED DRIVER'S LICENSE INVESTIGATION
VERIFICATION OF PARENTAL OWNERSHIP OF BUSINESS



INSTRUCTIONS: This form is to be executed by **parent who is the owner of the business** which employs the student. All information must be provided and the form must be notarized. *Information supplied on this form will be used to determine the restrictions of the license. (Incomplete or inaccurate information is grounds for denial).* Attached additional sheets and verification as necessary.

EMPLOYEE/CHILD INFORMATION:		
NAME	DATE OF BIRTH	
BUSINESS INFORMATION:		
NAME OF BUSINESS		
PRINCIPAL LOCATION OF BUSINESS	CITY	ZIP CODE
TYPE OF BUSINESS*	*If agricultural, give location and description (Range and Township)	
BUSINESS LICENSE NUMBER**	ISSUED BY (CITY or TOWN)	
SALES TAX LICENSE NUMBER**	FEDERAL TAX ID NUMBER (to be provided in the event there is no business license)	

****COPIES OF SALES TAX AND/OR BUSINESS LICENSES MUST BE ATTACHED to verify ownership of business**
Provide explanation if no business, sales tax or federal tax ID number is available: _____ N/A

List the type of work performed by your child:

List all employment*** of parents, if other than business (include name, address and phone number of employer):

*****ATTACH COPIES OF PAY STUBS OR TAX FORMS (such as a schedule F or C) TO INDICATE REGULAR EMPLOYMENT**

Note: A restricted class license and driving privilege will be suspended for: 1) a conviction of a moving violation; 2) driving outside the approved hours of 5:00 am through 8:00 pm; 3) driving beyond the fifty (50) mile radius of domicile; and/or 4) conviction of violating the restrictions of the license.

I certify that all information provided above is true and correct.

PARENT SIGNATURE	DATE	PRINT NAME
State of _____ County of _____ This _____ signed and sworn to (or affirmed) before me on _____ <small>Title of document being signed & sworn eg. Business verification</small> <small>Date</small> by _____ <small>Name(s) or Person(s) Making Statement</small> _____ <small>Signature of Notarial Officer</small> _____ <small>Title (e.g. Notary Public) OR Rank (Rank if officer in active military)</small> My commission expires: _____		

WYOMING HIGHWAY PATROL
RESTRICTED DRIVER'S LICENSE INVESTIGATION
INSURANCE VERIFICATION



THIS DOCUMENT IS NOT PROOF OF INSURANCE AS REQUIRED BY W.S. 31-4-103(b)

MAKE ADDITIONAL COPIES AS NECESSARY

CHILD INFORMATION:	
CHILD'S NAME	DATE OF BIRTH

The purpose of this form is to verify that the parents, guardians, or employer of the child named above have contacted this insurance company to verify that the child is eligible for coverage as a “restricted licensee” and not an “instructional licensee” (i.e. the child will be driving alone without a licensed adult driver in the passenger seat of the vehicle). **This form is not intended as proof of insurance**, but rather to verify the child is eligible for coverage if the license is issued and the applicant has been made aware of any fees or increased premiums.

I verify that the parents, guardians or employer of the child named above have contacted this insurance company.

AGENT SIGNATURE	DATE
INSURANCE COMPANY NAME	CONTACT NUMBER