

RESTRICTED CLASS "RC" OR "RM" DRIVER'S LICENSE

Instructions for Completion

When a restricted license is issued, it will expire thirty days after the licensee's sixteenth birthday. **The license and driving privilege will be suspended for** 1) conviction of a moving violation, 2) driving outside the approved hours of 5:00 AM through 8:00 PM 3) driving beyond the fifty mile radius of domicile, and/or 4) conviction of violating the restrictions of the license.

Effective July 1, 1997, 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 their certified birth certificate at their 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.* **Effective July 1, 1999**, a person who is fifteen (15) years of age and holds a class "RC" license may drive beyond the hours and radius specified provided they are accompanied by a licensed driver eighteen (18) years of age or older who has been licensed to drive for at least one (1) year and who is occupying a seat beside the driver.

Please read the following instructions carefully!

1) The affidavit must clearly indicate that the situation is one of **extreme inconvenience**, setting forth the purpose for which a dire need exists for the license. **Extreme inconvenience** only includes the following (per W.S. 31-7-117):

- ⇒ The child's residence is more than five (5) miles from the school they attend.
- ⇒ The child has a regular job (a minimum of 10 hours per week) more than five (5) miles from the child's residence.
- ⇒ The child must have a license to work in his/her parents' business.
- ⇒ Any other circumstances 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 affidavit shall state the class of license desired as being either "RC" (car or pickup) or "RM" (motorcycle or four-wheel recreation vehicle)

4) The completed affidavit must be signed, notarized, and mailed along with all the required forms to: **Wyoming Highway Patrol, Restricted License Investigations, 5300 Bishop Blvd, Cheyenne, WY 82009-3340.**

If appropriate, the following forms must be submitted with the affidavit: Information supplied on these forms will be used to determine the restrictions of the license.

School Attendance Verification form must be attached, if the license is to be used for transportation to or from school, or in conjunction with extracurricular school activities.

Work Verification form must be attached, if the license is to be used for transportation to and from work.

Verification of Parental Ownership of Business form must be attached, if the license is to be used in conjunction with a parental business.

Insurance Verification form must be completed and attached.

INCOMPLETE, INACCURATE, OR MISSING DOCUMENTS ARE GROUNDS FOR DISAPPROVAL OF THE APPLICATION.

AFFIDAVIT FOR RESTRICTED LICENSE

I, _____, (parent, or guardian having legal custody) do hereby petition the State of Wyoming, Department of Transportation, for a Restricted Driver License, W. S. 31-7-117(c) for my (child/ward) Name _____, who's date of birth is _____ because of the following extreme inconvenience:

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

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

Is the License needed for school attendance or activities? Yes _____ No _____ **What hours will the child need to drive and what is the distance from home to school?** _____

Is the License needed for work purposes? Yes _____ No _____ **What hours will the child need to drive and what is the distance from home to work?** _____

Is the License needed for work in parental business? Yes _____ No _____ **What hours will the child need to drive?** _____

Class of license requested (circle one) "RC" or "RM"

Physical address _____ Mailing address _____

(City) (State) (Zip) Phone # (Home) (Work)

NOTE: The license and driving privilege will be suspended for 1) conviction of a moving violation, 2) driving outside the approved hours of 5:00 AM through 8:00 PM, 3) driving beyond the fifty 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/ GUARDIAN

SUBSCRIBED AND SWORN TO IN MY PRESENCE, THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC
AUTHORIZED TO ADMINISTER OATH

<p>WYOMING HIGHWAY PATROL USE ONLY Approved _____ Disapproved _____ _____ Investigating Officer/Badge/Date</p>	<p>Effective July 1, 1997, an instruction permit is required prior to the issuance of a restricted Class "RC" license and must be held for 10 days. This affidavit will be honored thirty (30) days from approval date. After thirty days, reapplication is required.</p>
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**WYOMING HIGHWAY PATROL
RESTRICTED DRIVER'S LICENSE INVESTIGATION
SCHOOL ATTENDANCE VERIFICATION**

Form is to be completed by the Superintendent or Principal of the school attended by the applicant. All information (please type or print legibly) 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 disapproval)* Attach additional sheets and verification as necessary.

Name of Student _____ Date of Birth _____

Current Address _____ City _____ Zip _____

School Attended _____ Grade Level _____ Academic Standing _____

Is student academically eligible for activity? _____ Is the Student eligible for school provided transportation? _____

If not- Why or what are the circumstances? _____

Does the student attend the school for the area in which they reside? _____ If not is it a parental or school decision. _____

Please Explain _____

Time classes begin _____ Time classes end _____

List all extra-curricular activities. **Provide all information requested: (Attach additional pages if necessary)**

Activity	Day	Time Begins	Time Ends	Teacher/Advisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the school's parking policy and is the student aware of it? _____

Is campus closed? _____ Has student attended driver's education? _____

Principal's recommendation and comments. _____

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

Principal _____

SUBSCRIBED AND SWORN TO IN MY PRESENCE, THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC
AUTHORIZED TO ADMINISTER OATH

**WYOMING HIGHWAY PATROL
RESTRICTED DRIVER'S LICENSE INVESTIGATION
WORK VERIFICATION**

Form is to be completed by the Owner or person in charge of the business which employs the applicant. All information (please type or print legibly) 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 disapproval)** Attach additional sheets, documentation and verification as necessary.

Name of Employee _____
Employee's Date of Birth _____ Employee's Date of Employment _____

Name of Employer _____
Employer's Local Street Address _____
City _____ Zip _____ Employer's Phone Number _____

Type of Business _____ Type of Work Performed by Employee _____

Work Schedule of Employee by Day and Hour _____

Will Employee be Operating Company Vehicle? Yes No If Yes, Attach Insurance Verification Form.

Employer Recommendations and/or Comments _____

ATTACH SUFFICIENT PAYROLL OR TAX RECORDS TO SHOW "REGULAR EMPLOYMENT" Regular employment is defined as a minimum of ten hours per week.

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

SUBSCRIBED AND SWORN TO IN MY PRESENCE, THIS _____ DAY OF _____, 20____

NOTARY PUBLIC
AUTHORIZED TO ADMINISTER OATH

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

Form is to be executed by the Parent who is the owner of the business which employs the applicant. All information (please type or print legibly) 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 disapproval)* Attach additional sheets, documentation and verification as necessary.

Name of Business _____

Principal location of Business _____
City _____ Zip _____

Type of Business _____

If agricultural give location and description (Range and Township) _____

Work Done By Child _____

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**

ATTACH COPIES OF PAY STUBS OR TAX RECORDS TO INDICATE REGULAR EMPLOYMENT

Explain if not available

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

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

Parent _____

SUBSCRIBED AND SWORN TO IN MY PRESENCE, THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC
AUTHORIZED TO ADMINISTER OATH

**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

The purpose of this form is to verify that the parents, guardians, or employer of (Name of Child)

_____ Date of Birth _____ 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 vehicle beside them) **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.

Signature (Agent) _____ Date: _____

Representing (Insurance Carrier) _____

Telephone Number _____