



# ALABAMA LAW ENFORCEMENT AGENCY

## DRIVER LICENSE DIVISION

301 SOUTH RIPLEY STREET / P.O. BOX 1471 / MONTGOMERY, AL 36102-1471

PHONE 334.676.6002 / ALEA.gov

HARDSHIP LICENSE UNIT

FAX: 334-353-9988

EMAIL: HARDSHIP.LICENSE@ALEA.GOV

### APPLICATION FOR HARDSHIP LICENSE

*May be submitted via mail, email or fax*

Applicant Type (choose all that apply):

- Participating in an ADOC regulated work release program <sup>1</sup>
- Participating in a recognized/compliant Community Corrections Program <sup>1</sup>
- Released from Alabama Department of Corrections custody as demonstrated by ADOC Form C-80
- License suspended/revoked and cannot obtain reasonable transportation
- Reapplication- Previous Hardship license expired or expiring <sup>2</sup>

**\*\*A person who has been adjudicated or convicted of DUI under Alabama Code Section 32-5A-191 is not eligible to apply for a hardship license.**

Name (First, Middle, Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ AL Driver License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

I do solemnly swear, affirm, and certify I am the person named herein and the statements on this application, including all required attachments, which are hereby incorporated by this reference, are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***Attachments Required: # 1 - # 3 Required for all applicants \*Failure to send the required attachments will result in the rejection of your application\****

1. List and description of all specific vehicles applicant may use (Make, Model, Tag #, Owner's name if not yourself)
2. Provide proof of Mandatory Liability Insurance for each vehicle
3. Statement regarding the inability to obtain reasonable transportation (explain why you need a Hardship license)
4. Proof of SR-22 insurance (if applicable)
5. Letter from Program Director of work release or community corrections program (applies only to <sup>1</sup> designation above)
6. Demonstration of substantial progress toward reinstatement (applies only to <sup>2</sup> designation above)

**DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY**

Application received date: \_\_\_\_\_

Rejected date: \_\_\_\_\_

Application approved date: \_\_\_\_\_

Email sent date: \_\_\_\_\_

Approved/Rejected by: \_\_\_\_\_

Letter sent date: \_\_\_\_\_