



ALABAMA LAW ENFORCEMENT AGENCY

DRIVER LICENSE DIVISION

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HARDSHIP LICENSE UNIT

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APPLICATION MAY BE SUBMITTED TO P.O. BOX ADDRESS OR EMAIL ADDRESS ABOVE

APPLICATION FOR HARDSHIP LICENSE

Applicant Type (choose only one):

- Participating in an ADOC regulated work release program ¹
- Participating in a recognized/compliant Community Corrections Program ¹
- Released from Alabama Department of Corrections custody as demonstrated by ADOC Form C-80
- License suspended/revoked and cannot obtain reasonable transportation ²
- Renewal ³

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): _____

Address: _____

City, State, Zip: _____

Social Security No.: _____ AL Driver License No.: _____

Date of Birth: _____ Email Address: _____

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:

- _____ Letter from program director of work release or community corrections program (applies to ¹ designations above)
- _____ List of anticipated places applicant will travel (work, home, church, etc.) and address of each
- _____ Documentation for all anticipated routes applicant will travel (using Google Maps, MapQuest, etc.)
- _____ List of anticipated times of travel (in relation to work shifts, religious ceremony times, etc.)
- _____ List and description of all specific vehicles applicant may use (including the Owner, if not Applicant, Make, Model, Tag No.); **PROOF OF MANDATORY LIABILITY INSURANCE SHALL BE PROVIDED FOR EACH VEHICLE**
- _____ Statement regarding inability to obtain reasonable transportation (applies to ² designation above)
- _____ Proof of SR-22 insurance (if applicable)
- _____ Documentation of good cause to the reasonable satisfaction of ALEA (applies to ³ designation above)

DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY

Application received date: _____

DL Record Updated: _____

Application approved this date: _____

Rejected this date: _____

Approved/Rejected by: _____

Email Sent date: _____

Restrictions: _____

Letter sent date: _____