



MISSOURI DEPARTMENT OF REVENUE
 DRIVER AND VEHICLE SERVICES BUREAU
APPLICATION FOR LIMITED DRIVING PRIVILEGE

TELEPHONE: (573) 751-4475
 WEB SITE: www.dor.mo.gov

FORM
4595
 (REV 7-03)

PLEASE PRINT CLEARLY

1. NAME OF APPLICANT			
2. APPLICANT'S STREET ADDRESS (HOUSE NUMBER AND STREET NAME, NOT A P.O. BOX)			
CITY	STATE	ZIP CODE	COUNTY
APPLICANT'S MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS)			
CITY	STATE	ZIP CODE	COUNTY
3. DRIVER LICENSE NUMBER	4. SOCIAL SECURITY NUMBER	5. APPLICANT'S DATE OF BIRTH	

6. Applicant's driver license and/or privileges are suspended for a period of _____ commencing _____ / _____ / _____ ,
 for the following reason(s):

7. I request a limited driving privilege for the following reason(s): **(MUST CHECK AT LEAST ONE, attach extra pages if necessary)**

a. The applicant is employed by (company name): _____
 Address of your employer: _____

 If self-employed, provide the type of self-employment, and the name and address of the business: _____

b. The applicant's inability to operate a vehicle will result in an undue hardship because of the following reasons:

1.) The applicant is required to operate a motor vehicle to seek medical treatment.

2.) The applicant is a student.
 Name of School: _____
 Address of School: _____

3.) The applicant is attending an alcohol/drug treatment program.
 Name of Program: _____
 Address of Program: _____

4.) List other special circumstances, if any, that require the applicant to operate a motor vehicle:

The applicant must have proof of insurance (i.e., SR-22) on file with the Director of Revenue prior to submitting this application. COPIES OF INSURANCE CARDS AND POLICIES ARE NOT ACCEPTABLE.

APPLICANT'S SIGNATURE	DATE
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RETURN COMPLETED APPLICATION TO: MISSOURI DEPARTMENT OF REVENUE, DRIVER AND VEHICLE SERVICES BUREAU, 301 WEST HIGH STREET, ROOM 470, P.O. BOX 200, JEFFERSON CITY, MO 65105-0200, OR YOU MAY FAX YOUR APPLICATION TO: (573) 522-8795. PLEASE DO NOT DO BOTH.