



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Application for Ignition Interlock Limited License

Use this form to apply for a limited license with the ignition interlock device program. Only Class D vehicles are eligible. *You cannot drive until you have the limited license in your possession.*

This form can be faxed to (651) 797-1299. You may also bring this form to any Driver Exam Station (Visit the [DVS Website](#) for Office Locations) or mail this form to Driver and Vehicle Services, Ignition Interlock Unit, 445 Minnesota Street, Suite 177, St. Paul, Minnesota 55101. For questions, contact DVS at (651) 296-2948 or visit [dvs.dps.mn.gov](#).

Limited License Information

Indicate the days and times you are requesting to drive. Make sure to indicate A.M. or P.M. A limited license cannot be issued for more than *six (6) days* and *60 hours* per week for work, school or child care needs.

Circle the day that you will *NOT* drive. You must check one day.

- Sunday Monday Tuesday Wednesday Thursday Friday Saturday

DRIVING TIME REQUESTED:

Work, School (postsecondary education only) and/or Child Care (custodial parents only)

Name of Employer: Address City/State/Zip Occupation

Name of School Address City/State/Zip

Name of Daycare Address City/State/Zip

Day of Week	TO WORK/SCHOOL/CHILD CARE NEEDS		JOB RELATED DRIVING TIME OTHER THAN TO AND FROM		TO HOME	
	Depart from home	Arrive at work/school	Depart	Arrive	Depart from work/school	Arrive at home
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Other allowable driving (include travel time):

Court Appearances (must be related to the alcohol offense)

Address of Courthouse	City/State/Zip	
Date of Appearance: _____	Leave Home _____ (A.M.) (P.M.)	Return Home _____ (A.M.) (P.M.)
Date of Appearance: _____	Leave Home _____ (A.M.) (P.M.)	Return Home _____ (A.M.) (P.M.)

Meeting with Probation Officer and/or DWI Court

Address	City/State/Zip	
Date: _____	Leave Home _____ (A.M.) (P.M.)	Return Home _____ (A.M.) (P.M.)
Date: _____	Leave Home _____ (A.M.) (P.M.)	Return Home _____ (A.M.) (P.M.)

Treatment/Other program or Abstinence-based Support Group Meeting (up to maximum of three (3) support group meetings a week allowed)

Name of Treatment Facility	Address	City/State/Zip
Days of Week: _____	Leave Home _____ (A.M.) (P.M.)	Return Home _____ (A.M.) (P.M.)

Name of Support Group	Address	City/State/Zip
Days of Week: _____	Leave Home _____ (A.M.) (P.M.)	Return Home _____ (A.M.) (P.M.)

Driver Information

_____-_____-_____-_____-_____

Driver's License Number	Date of Birth
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First Name	Middle Name	Last Name
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Address	City/State/Zip
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Daytime Phone Number

DVS Use Only
When writing a limited license for ignition interlock, always include service and calibration needs.