INFORMATION:

When a restricted license is issued, it will expire thirty (30) days after the licensee's sixteenth birthday. The division may issue a restricted class "C" or "M" license, or both such licenses, to a person who is between the ages of fourteen (14) and sixteen (16) years upon receipt of application, payment of the proper fees, an affidavit of extreme inconvenience signed by the parent or guardian having custody of the applicant and a finding by the highway patrol that extreme inconvenience actually exists.

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 proof of identity, residency (may be in legal parent/guardian name) and social security at the 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.

INSTRUCTIONS: Please read the following instructions carefully!

Complete the required application:

1. The affidavit must clearly indicate that the situation is one of extreme inconvenience. Extreme inconvenience includes the following circumstances (per W.S. 31-7-117c):
   - The person must drive to school and the person's residence is more than five (5) miles from the school;
   - The person has a regular job (a minimum of 10 hours per week) more than five (5) miles from the person's residence;
   - The person must have the license to work in his parent's business; or
   - Any other circumstance 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 completed application must be signed, notarized, and mailed along with all appropriate verification forms to: Wyoming Highway Patrol, Restricted License Investigations, 5300 Bishop Blvd, Cheyenne, WY 82009-3340.

4. Restricted license approvals are only valid for 30 days from issuance. If a restricted license is not obtained in the 30 day approval timeframe and/or requires any changes, a new application must be submitted.

Complete all applicable verification documents:

1. School Attendance Verification - Must be completed if the license is to be used for transportation to and from the child’s school.

2. Work Verification - Must be completed if the license is to be used for transportation to and from the child's place of work.

3. Verification of Parental Ownership of Business - Must be completed if the license is to be used in conjunction with the parental business.

4. Insurance Verification - Must be completed and submitted with the affidavit.

It may take up to six (6) weeks to receive a response (approval or denial) to your application. Incomplete, inaccurate, or missing documents are grounds for denial of the application.

Note: A restricted class license and driving privilege will be suspended for: 1) a conviction of a moving violation; 2) driving outside the approved hours of 5:00 am through 8:00 pm; 3) driving beyond the fifty (50) mile radius of domicile; and/or 4) conviction of violating the restrictions of the license.

If you have any questions, please call 307-777-4314.
I hereby petition the State of Wyoming, Department of Transportation, for a Restricted Driver License for my minor child/ward listed above because of the extreme inconvenience described above and I hereby certify under penalty of perjury that the above information is true and correct. In addition, I certify under penalties of law, that I am the legal parent/guardian having custody of the minor child.

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN SIGNATURE</th>
<th>DATE</th>
<th>PRINT NAME</th>
<th>☐ FATHER ☐ MOTHER ☐ LEGAL GUARDIAN</th>
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</thead>
</table>

State of ___________________________ County of ___________________________

This ________________________________________ signed and sworn to (or affirmed) before me on ____________________________

Title of document being signed & sworn to (or affirmed) by ____________________________

Date ____________________________

Name(s) or Person(s) Making Statement ____________________________

(Seal) ____________________________

Signature of Notarial Officer ____________________________

**WYOMING HIGHWAY PATROL USE ONLY**

**APPLICANT (MINOR CHILD) INFORMATION**

<table>
<thead>
<tr>
<th>LEGAL LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME, SUFFIX</th>
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<thead>
<tr>
<th>RESIDENTIAL ADDRESS (Where you currently live)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tr>
<th>MAILING ADDRESS (if different from above)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<thead>
<tr>
<th>HOME PHONE (including area code):</th>
<th>WORK PHONE (including area code):</th>
<th>PARENT EMAIL ADDRESS:</th>
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You must complete all of the following:

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

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

3. Is the license needed for school attendance or activities? __________________________________________________________________________
   ___YES  ___NO
   If yes, what hours will the minor child need to drive and what is the distance from home to school?

4. Is the license needed for work purposes? __________________________________________________________________________
   ___YES  ___NO
   If yes, what hours will the minor child need to drive and what is the distance from home to work?

5. Is the license needed for work in parental business? __________________________________________________________________________
   ___YES  ___NO
   If yes, what hours will the minor child need to drive?

I hereby petition the State of Wyoming, Department of Transportation, for a Restricted Driver License for my minor child/ward listed above because of the extreme inconvenience described above and I hereby certify under penalty of perjury that the above information is true and correct. In addition, I certify under penalties of law, that I am the legal parent/guardian having custody of the minor child.
Complete all of the following:

1. Is the student academically eligible for activity? .................................................... _YES _NO

2. Is the student eligible for school provided transportation? ........................................ _YES _NO
   If no, please explain why or what are the circumstances: (Attach additional pages as necessary)

3. Does the student attend the school for the area in which he/she resides? ..................... _YES _NO
   If no, is it a parental or school decision? Please explain: (Attach additional pages as necessary)

   Time classes begin _____________   Time classes end ________________

4. What is the school’s parking policy and does the student understand it?

5. Is campus closed? ........................................................................................................ _YES _NO
   If no, please explain ____________________________________________________________

6. Has student attended driver’s education? ..................................................................... _YES _NO

Principal’s recommendation and comments:

______________________________________________________________________________

List all extra-curricular activities on the school premises: (Attach additional pages as necessary)

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DAY</th>
<th>TIME BEGINS</th>
<th>TIME ENDS</th>
<th>TEACHER/ADVISOR</th>
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I certify that all information provided above is true and correct.

SCHOOL PRINCIPAL SIGNATURE

State of ___________________________   County of ________________

This ________________________________ signed and sworn to (or affirmed) before me on ________________

Title of document being signed & sworn eg. school verification

by

Name(s) or Person(s) Making Statement

(Seal)

Signature of Notarial Officer

My commission expires: ____________________________

Title (e.g. Notary Public) OR Rank (Rank if officer in active military)
EMPLOYEE/STUDENT INFORMATION:

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>DATE OF EMPLOYMENT</th>
</tr>
</thead>
</table>

BUSINESS INFORMATION:

<table>
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<tr>
<th>NAME OF BUSINESS (EMPLOYER)</th>
<th>LOCAL STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>TYPE OF BUSINESS</th>
<th>CONTACT PHONE NUMBER</th>
</tr>
</thead>
</table>

Complete all of the following:

1. List the type of work performed by the employee (student):

2. Will the employee (student) be operating a company vehicle? __YES ___NO

   If yes, attach insurance verification form.

   Employer’s recommendation and comments:

3. Attach proof of regular employment (such as pay stub) and work schedule showing a minimum of ten (10) hours per week.

Note: A restricted class license and driving privilege will be suspended for: 1) a conviction of a moving violation; 2) driving outside the approved hours of 5:00 am through 8:00 pm; 3) driving beyond the fifty (50) 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.

OWNER OR PERSON IN CHARGE OF THE BUSINESS SIGNATURE

STATE of _________________________________ COUNTY of _________________________________

This ________________________________________ signed and sworn to (or affirmed) before me on _____________________________

by ________________________________________

Name(s) or Person(s) Making Statement

Signature of Notarial Officer

My commission expires: _________________________________

Title (e.g. Notary Public) OR Rank (Rank if officer in active military)
**INSTRUCTIONS:** This form is to be executed by parent who is the owner of the business which employs the student. All information must be provided and the form must be notarized. 

*(Incomplete or inaccurate information is grounds for denial). Attached additional sheets and verification as necessary.*

### EMPLOYEE/CHILD INFORMATION:
- **NAME:**
- **DATE OF BIRTH:**

### BUSINESS INFORMATION:
- **NAME OF BUSINESS:**
- **PRINCIPAL LOCATION OF BUSINESS**
  - **CITY:**
  - **ZIP CODE:**
- **TYPE OF BUSINESS**
  - *If agricultural, give location and description (Range and Township)*
- **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** to verify ownership of business

Provide explanation if no business, sales tax or federal tax ID number is available:

___ N/A

List the type of work performed by your child:

____________________________________

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

____________________________________

____________________________________

***ATTACH COPIES OF PAY STUBS OR TAX FORMS (such as a schedule F or C) TO INDICATE REGULAR EMPLOYMENT

**Note:** A restricted class license and driving privilege will be suspended for: 1) a conviction of a moving violation; 2) driving outside the approved hours of 5:00 am through 8:00 pm; 3) driving beyond the fifty (50) 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.

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<th>PRINT NAME</th>
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State of ___________________________ County of ___________________________

This ___________________________ signed and sworn to (or affirmed) before me on ___________________________ by ___________________________

Name(s) or Person(s) Making Statement

Signature of Notarial Officer

My commission expires: ___________________________

Title (e.g. Notary Public) OR Rank (Rank if officer in active military)
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

CHILD INFORMATION:

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>DATE OF BIRTH</th>
</tr>
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</table>

The purpose of this form is to verify that the parents, guardians, or employer of the child named above 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 passenger seat of the vehicle). 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.

I verify that the parents, guardians or employer of the child named above have contacted this insurance company.

<table>
<thead>
<tr>
<th>AGENT SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSURANCE COMPANY NAME</td>
<td>CONTACT NUMBER</td>
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</tbody>
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