

Journalized: _____

REQUEST FOR CONDITIONAL PERMIT TO DRIVE

Name: _____

Address: _____

City, State, Zip: _____

SSN: _____ D.O.B.: _____

License No.: _____ Date Issued: _____

Expiration: _____ Telephone #: _____

Cell Phone # _____ Email Address: _____

CIRCLE DAYS OF THE WEEK THAT YOU WORK: S, M, T, W, TH, F, S

TIME YOU LEAVE FOR WORK: _____

TIME YOU RETURN HOME FROM WORK: _____

EXACT HOURS OF WORK: _____ FROM _____ TO _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

CITY, STATE: _____

WILL YOU BE OPERATING A COMPANY VEHICLE: _____

OTHER FACTORS AND/OR PRIVILEGES REQUESTED: _____

Defendant's Signature
Do Not Write in the Space Below!

Reverse side must be completed by employer
if you operate a company vehicle

Privileges as Requested above are **Granted**
Privileges as Requested are **Denied**.
Privileges are Granted as follows: _____

With Special Family Plates

Kent L. North, Judge

**BRYAN MUNICIPAL COURT EMPLOYER EXCEPTION NOTIFICATION FOR
DRIVING PRIVILEGES USING EMPLOYER'S MOTOR VEHICLE**

I, _____, (name of employer / supervisor and position in company) of _____ (name of company) acknowledge receiving notice that _____ (employee name) has been charged or has been convicted of operating a motor vehicle under the influence of alcohol / drugs of abuse or driving under suspension and the employee operates a vehicle owned by the company / business. I acknowledge the employee does not own the vehicle he / she will be operating in the course of his / her employment and the employee is not an owner or has any controlling interest in the company / business.

Date: _____

Signature of Employer / Supervisor

Address of Company:

Phone Number: _____

**THIS DOCUMENT MUST BE FILLED OUT BY EMPLOYER AND RETURNED TO THE
BRYAN MUNICIPAL COURT BEFORE DRIVING PRIVILEGES WILL BE CONSIDERED.**