



# South Carolina Department of Motor Vehicles

## Route Restricted Driver's License Application

**DL-127**  
(Rev. 06/19)

**Do NOT send cash, check or money order with this application. This application must be typed or printed in black ink.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Under penalties of perjury, I hereby certify the following:

- a) On the date of the violation, I was a licensed driver.
- b) I live further than one mile from my place of employment or educational institutions and that adequate public transportation is not available.
- c) The below information is true and correct. I am also aware that any variation in the times or route listed below may result in a charge of Driving Under Suspension and, upon conviction, suspension of any driving privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** The route(s) must be explained in detail. Begin at residence street address and end at the (Section #1) employment street address, (Section #2) college or university or court ordered drug program street address. Use back of form if more space is needed.

**SECTION 1 - I am employed by:**

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The time I commute to and from work:  
(Fill in the appropriate spaces)

Leave Residence	AM	Arrive at Work	AM	Leave Work	AM	Arrive at Residence	AM

Route: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 2 - I am enrolled in (College or University approved by the SC Commission on Higher Education or a court ordered drug program):**

*A complete list of acceptable colleges can be found at [http://www.che.sc.gov/InfoCntr/Coll\\_Univ.htm](http://www.che.sc.gov/InfoCntr/Coll_Univ.htm). A Route Restricted License issued for delinquent child support suspension cannot be used to travel to ADSAP or a court ordered drug program.*

Name of Learning Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The time I commute to and from the learning institution:  
(Fill in the appropriate spaces)

Leave Residence	AM	Arrive at Class	AM	Leave Class	AM	Arrive at Residence	AM

Route: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*This document is not authentic unless it is signed and dated below. This document along with your South Carolina Route Restricted driver's license must be in your possession at all times when operating a motor vehicle. Present this document in conjunction with the Route Restricted driver's license whenever law enforcement requests to see your driver's license.*

**The below information is for DMV Office use only**

Type Susp: \_\_\_\_\_ Susp Begin Date: \_\_\_\_\_ Date Route Approval Expires: \_\_\_\_\_

Signature of employee in Driver Records who is authorized to approve routes \_\_\_\_\_ Date \_\_\_\_\_