



South Carolina Department of Motor Vehicles

DL-127
(Rev. 10/07)

ROUTE RESTRICTED DRIVER'S LICENSE APPLICATION

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: _____ Hgt: _____ Wgt: _____
 Sex: _____ Date of Birth: _____ 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	Arrive at Work	Leave Work	Arrive at Residence
AM	AM	AM	AM
PM	PM	PM	PM

Route: _____

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

PLEASE NOTE: A complete list of acceptable colleges can be found at 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	Arrive at Class	Leave Class	Arrive at Residence
AM	AM	AM	AM
PM	PM	PM	PM

Route: _____

Note: This document is not authentic unless it is signed and dated below. This document along with your South Carolina Route Restricted Driver's License (DL) must be in your possession at all times when operating a motor vehicle. Present this document in conjunction with the Route Restricted DL 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 _____