

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
District Court Division**IN THE MATTER OF:**

Name And Address Of Applicant

Race Sex Height Weight

Hair Color Eye Color Date Of Birth Drivers License No. And State

Offense(s) Date And Jurisdiction Of Conviction(s)

**PETITION FOR
LIMITED DRIVING PRIVILEGE
Speeding: Out-Of-County/Out-Of-State
Or Federal Convictions****OR
DWI: Out-Of-State Or Federal Convictions**

G.S. 20-16(e1), 20-16.1(b)(3), 20-179.3(d)

NOTE: THIS IS A CIVIL ACTION. Civil costs requirements must be satisfied when this Petition is filed.

Use this form for applications for limited driving privilege when the conviction that causes the revocation does not occur in the county in which the limited driving privilege is being sought. If the judge determines that a limited driving privilege is appropriate, AOC-CV-351 or AOC-CV-352 should be used.

I, the undersigned applicant, request the Court to issue a limited driving privilege for the revocation listed below:

1. My license was revoked by the North Carolina Division of Motor Vehicles, effective on _____, for a period of _____ for the convictions(s) listed above.
2. I am eligible for a limited driving privilege under G.S. 20-16(e1). G.S. 20-16.1(b)(3). G.S. 20-179.3(d). I meet all the eligibility requirements under the statute checked.
3. I have attached a copy of my driving record. The record has been certified by the North Carolina Division of Motor Vehicles.
4. I have attached a properly executed form DL-123 or equivalent proof that I am financially responsible.
 a properly executed form DL-123A stating that I am not required to furnish proof of financial responsibility.
5. I have attached the required documentation of my need to engage in employment related driving.

Date Signature Of Applicant

NOTICE OF HEARING**Notice To The District Attorney:**

The applicant named above will apply to the District Court Judge named below for issuance of a limited driving privilege at the date, time and place shown below:

Name Of Judge (Type Or Print) Date
Date Time AM PM Signature
Place Deputy CSC Assistant CSC Clerk Of Superior Court**CERTIFICATION**I certify pursuant to G.S. 20-179.3(d) that on this date, I filed a copy of this Petition with the District Attorney's office
 in person. by depositing same in the U.S. mail in an envelope bearing proper postage.
 Other: _____Date Signature Deputy CSC Assistant CSC
 Clerk Of Superior Court**WAIVER**

I, the undersigned district attorney, waive the statutory requirement of the Clerk to file a copy of this Petition with the District Attorney's office and further waive the right to appear at a hearing on this Petition for limited driving privilege.

Date Name Of District Attorney (Type Or Print) Signature Of District Attorney

NOTE: The Clerk of Superior Court upon the filing of this Petition with a notice of hearing, should immediately file a copy with the District Attorney's office and sign the certification. If the District Attorney waives the right to having this Petition filed with District Attorney's office, the Clerk has no further responsibility.