

ERIE COUNTY MUNICIPAL COURT
PROBATION DEPARTMENT
APPLICATION FOR OCCUPATIONAL DRIVING

OCCUPATIONAL DRIVING WILL ONLY BE CONSIDERED FOR THE TIME REQUIRED TO DRIVE FROM PLACE OF RESIDENCE TO EMPLOYMENT AND RETURN. THE FOLLOWING INFORMATION MUST BE RETURNED TO THE PROBATION DEPARTMENT OF THIS COURT BEFORE CONSIDERATION OF YOUR REQUEST. **ALL OF THE FOLLOWING ITEMS MUST BE SUBMITTED BEFORE ANY CONSIDERATION OF OCCUPATIONAL DRIVING.**

- 1.) THIS COMPLETED APPLICATION
- 2.) WRITTEN PROOF ON COMPANY LETTERHEAD OF HOURS OF EMPLOYMENT, DAYS SCHEDULED TO WORK & SUPERVISOR'S SIGNATURE, MUST BE INCLUDED.
- 3.) PROOF OF PAID AUTOINSURANCE WITH EFFECTIVE DATES.
- 4.) ATTACHED APPLICATION WITH DEFENDANT'S PORTION COMPLETED FOR RESTRICTED LICENSE PLATES.
- 5.) OCCUPATIONAL DRIVING AGREEMENT.
- 6.) **\$50 FEE PAYABLE TO THIS COURT.**

FULL NAME _____

ADDRESS (STREET/CITY/STATE/ZIP) _____

_____ PHONE NUMBER _____

EMAIL _____

DRIVERS LICENSE NUMBER _____ DATE OF BIRTH _____

EMPLOYER _____ SUPERVISOR _____

EMPLOYMENT ADDRESS STREET/CITY/STATE/ZIP _____

_____ EMPLOYMENT PHONE _____

NORMAL DAYS OF EMPLOYMENT & HOURS _____

APPROXIMATE DRIVING TIME BETWEEN RESIDENCE & EMPLOYMENT _____

DRIVERS LICENSE SURRENDERED-YES/NO **IF YOU STILL HAVE YOUR DRIVERS LICENSE IT MUST BE ATTACHED TO THIS COMPLETED APPLICATION.**

IF YES TO WHAT DEPARTMENT _____

INSURANCE COMPANY _____ PHONE _____

POLICY NUMBER _____

EFFECTIVE DATE OF POLICY, FROM _____ TO _____

PAYMENTS MADE (CHECK ONE) MONTHLY ___ QUARTERLY ___ SEMI-ANNUALLY ___

I UNDERSTAND THAT ANY FALSE STATEMENTS MADE ON THIS APPLICATIONS WILL RESULT IN MY OCCUPATIONAL DRIVING PRIVILEGES BEING DENIED OR REVOKED.

SIGNATURE OF DEFENDANT _____ DATED _____