

MULTIPLE OFFENSE OUI HARDSHIP LICENSE CRITERIA

NOTE: These requirements are subject to change at the RMV's discretion. Application for hardship will be subject to the requirements in place on the date of application.

Although an applicant may meet all requirements, issuance of a hardship license is only granted at the reasonable discretion of the RMV, based on the facts of the case.

_____ There is **NO** evidence of any operation since the effective date of this revocation.

_____ The **MINIMUM** amount of time has been served for hardship consideration.

DWI ELIGIBILITY TIME

Length of suspension	Work\education hardship	General hardship
1 yr (365 days)	3 months into DWI revocation	6 months into DWI revocation
2 yrs (730 days)	1 yr into DWI revocation	18 months into DWI revocation
8 yrs (2920 days)	2 yrs into DWI revocation	4 yrs into DWI revocation
10 yrs (3650 days)	5 yrs into DWI revocation	8 yrs into DWI revocation

_____ All **other** active revocation periods have been COMPLETED.

_____ The applicant must provide documented proof of completion of the **proper** alcohol treatment program. 2 week in-house program for 2nd offense, 90 day in-house program for 3rd and 4th offenses.

_____ The applicant must provide the Discharge Summary from the **treatment** program, stating the risk factor or recidivism rate.

_____ The applicant must provide proof of compliance with all ordered after-care. Proper second offenders must provide the "2nd Offender Completion Letter Needed For Hardship Consideration" issued by the after-care provider. Further, please note that the risk assessment portion of this letter expires **90 DAYS** from the date issued. Failure to submit this letter in a timely manner will result in the hearing's officer requiring a new risk assessment, at the client's expense, and to be completed by the agency noted on the letter. If further substance abuse treatment is recommended, a Progress Review must be submitted from the substance abuse treatment center/counselor. In addition, a new Discharge Summary may be requested to clarify a recidivism rate.

_____ The applicant has provided a letter from probation, not more than 30 days old stating that the applicant is in compliance with probation.

_____ The applicant has documented a legitimate hardship. Applicant must provide a letter from his/her employer, on letterhead, which cannot be more than 30 days old. The letter must state the applicant's need for a hardship license and the work hours.

A self-employed applicant must present proof of self-employment. Acceptable forms of proof consist of a business certificate, tax forms indicating self-employment, and/or a current professional license. The applicant must also present a letter on his/her own behalf explaining his/her need for a hardship license and the hours requested.

Applicants applying for a hardship license for other purpose (i.e. education, medical treatments), require third party documentation of the hardship.

_____ The applicant is responsible for providing proof regarding the availability of public transportation. This proof may be included within the employer's letter. The applicant may also provide local bus/transit routes, MapQuest etc.

_____ Ignition Interlock packet given once approved for a hardship.

NOTE: Reinstatement is only allowed once the proof of installation of interlock and affidavits have been returned to a hearings officer.

For RMV Use Only

_____ Hours: _____ to _____

Twelve (12) hours are allowed for a hardship license. Hardship hours must be consistent with documentation presented by the customer at the time of the hearing.

_____ The applicant's Board of Probation record & folder were checked and the driving record was updated.

BOP Check Date: _____ Folder Pulled Date: _____

The Director of Driver Control must approve all 3rd and 4th offense hardships. Attach a copy of all of the above documentation and complete the statement of reasons below. Forward all documentation to Boston.

Statement of reasons supporting hardship issuance:

Signature: _____ SU#: _____ Date: _____

.....
Reviewer: _____ SU#: _____ Date: _____

Approved

Denied

Comments: _____
