REQUEST FOR HARDSHIP WAIVER

State Form 28622 (R15 / 7-26)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
Hardship Waiver
100 North Senate Avenue Room N481
Indianapolis, IN 46204
BMVHardshipwaiver@bmv.in.gov

The legal authority for this form is IC 9-24-3 and 140 IAC 4-2-1.

INSTRUCTIONS:

1. *Complete in blue or black ink.*
2. *Applicant must be a minimum of fifteen (15) years and one hundred eighty-five (185) days of age with completion of driver's education OR, sixteen (16) years and ninety (90) days of age without driver's education when applying for an initial driver's license.*
3. *Mail or email the completed application with supporting documentation to the Indiana Bureau of Motor Vehicles (BMV) at the above address for review.*

Name *(last, first, middle initial)*		Age	Date of Birth *(mm/dd/yyyy)*	
Address *(number and street)*	City		State	ZIP Code
Driver's License Number	Telephone Number			

REQUIREMENT STATEMENT

A waiver does not affect any requirements as to the knowledge examination, vision screening, or driving skills exam.

You may apply for a waiver of up to six (6) months of age or experience requirements and/or the required fifty (50) hours of practice driving.

Applicants whose driving privileges are currently or have been suspended, revoked, invalidated, cancelled or subject to similar action are not eligible.

TYPE OF WAIVER REQUEST – *Select all that apply*

☐ Age ☐ Experience ☐ Practice Driving

REASON FOR WAIVER REQUEST – *Select all that apply*

☐	The applicant is the only licensed driver in the applicant's household, a household member who owns or leases a properly registered motor vehicle, and a household member needs the applicant to operate the motor vehicle to enable the household member to receive regularly required medical care. ***Application must include a letter from the household member's physician indicating frequency and duration of medical care.***
☐	The applicant must be the primary means of financial support for the family, and no alternative means of transportation exists from another family member or from public transportation to travel to and from the applicant's place of employment. ***Application must include verification of employment with working hours on letterhead from applicant's employer.***
☐	The applicant has no licensed driver in the state of Indiana who can supervise practice driving.

How many individuals in your household presently hold a valid license?	Place and Location of Employment *(city)*	Working Hours

Is public transportation available in your area? ☐ Yes ☐ No

State your reason(s) for requesting a waiver. For additional space, use the reverse side of form. *(Evidence / documentation of hardship circumstances is required.)*

I swear or affirm under the penalties of perjury that the information I have entered on this form and any attached documents is correct. I understand that making a false statement may constitute the crime of perjury.

Signature of Applicant	Printed Name	Date Signed *(mm/dd/yyyy)*
Signature of Parent or Guardian if under Eighteen (18)	Printed Name of Parent or Guardian	Date Signed *(mm/dd/yyyy)*

FOR BMV USE ONLY

Commissioner or Designee Signature	☐ Approved ☐ Denied	Date Signed *(mm/dd/yyyy)*