IMPORTANT INFORMATION ABOUT THE HARDSHIP DRIVER LICENSE APPLICATION

Overview:

The Tennessee Department of Safety and Homeland Security may issue a minor who is fourteen (14) or fifteen (15) years of age a special restricted license when facts presented to the Department indicate there is a good reason to issue such restricted license. This license shall hereinafter be referred to as a Hardship License (Class H/XH).

Definition:

A Hardship License is a special license issued to a minor fourteen (14) or fifteen (15) years of age. This special class of license shall be restricted to operation of a Class D (passenger vehicle) or Class M (motor-driven cycle) vehicle. This license shall be valid for use in daylight hours only. Travel to authorized locations will be specified by the Department of Safety and Homeland Security along with any restrictions deemed appropriate by the Department and set forth in administrative rules and regulations.

Only those applicants who can provide verifiable documentation of a true hardship, which would cause extreme privation and/or suffering, should apply. Privation is defined as “the lack of the basic necessities or comforts of life.”

Please note, the Department of Safety and Homeland Security can verify any and all information submitted.

Eligibility:

1. Applicant must be a Tennessee resident and be between fourteen (14) and sixteen (16) years of age. All Hardship Licenses expire on the 16th birthday. Temporary Hardship licenses expire based upon legal presence documents or on the 16th birthday.
2. For a first-time license, an applicant must be in compliance with the Compulsory School Attendance Law.
3. Applicants for a Hardship License must meet the same eligibility standards for Class D License.
4. Applicants who are fourteen (14) years of age, or those who have not held a Learner Permit for at least three (3) months must show proof of successful completion of a State approved Driver Education/Training Course.

License Requisites:

1. Persons holding a valid Hardship license may operate Class D (passenger vehicle or Class M (motor-driven cycle) vehicles only. However to drive a Class M vehicle, the applicant will be required to take the Class M driving test in addition to the Class D test.
2. Valid only for daylight hours; no earlier than 5:00 a.m. and no later than 7:00 p.m. No exceptions.
3. Valid only for travel to pre-authorized locations that are specified on the approval letter.
4. Passengers are limited to immediate family members only.
5. A Hardship license will be approved for the most direct route only, with a mileage limitation of 25 miles, one-way.
6. Persons holding a valid Hardship License are not allowed to tow other vehicles or trailers.
7. Destinations that will be considered for approval with appropriate justification include:
   • School-only if no bus transportation is provided.
   • Extracurricular School Activities-only if no bus transportation is provided and these activities are school
     sponsored, or accredited courses and extreme privation exists.
   • Work-only if income is required to help financially support the family.
   • Medical-only for serious illnesses of immediate family members. Family members may include parents,
     grandparents, stepparents or legal guardians if living in the same household as applicant.

If the holder of the Hardship license is at least fifteen (15) years of age, the Class H license may be used as an
instructional permit for Class D vehicles, as long as all other requirements pertaining to appropriate Learner Permit (Class
PD/XPD) license are met.

NOTE: If driver is found to be driving before or after hours, on unapproved routes, or with non-approved passengers,
license can be suspended.

Before submitting application, please remember:

1. All correspondence must be in writing. Mail completed application to:

   Tennessee Department of Safety and Homeland Security
   Driver Services Division-Hardship License
   1150 Foster Avenue
   Nashville, TN 37243

2. When completing the application, please type or print with black ink. If application is not complete or not
   legible, it will be disapproved.

3. All information should be filled in completely and correctly. List the names of all roadways and streets requested
   in order of travel. Only include the most direct route along with the mileage.

4. Acceptable proof of hardship must be submitted with the application.

5. If approved, your original application will be returned along with an Authorization Letter. This letter will
   advise you what to take to the Driver Service center for testing. If your application is denied, or if any
   individual routes are denied, you may appeal the decision. (Appeals Process outlined below).

**Appeals Process:**

To make an appeal, the applicant must submit a letter requesting appeal of the denial. If application is denied in whole or
in part, the applicant may file an appeal of the denial. The applicant must include the denial letter and the original
hardship application. The applicant shall mail the appeal to:

   Tennessee Department of Safety and Homeland Security
   Driver Services Division-Hardship License
   1150 Foster Avenue
   Nashville, TN 37243
INSTRUCTIONS FOR COMPLETING THE HARDSHIP DRIVER LICENSE APPLICATION

- Type or print legibly with black ink.
- Please ensure that all information is filled in correctly.
- Ensure all roadways and street names are listed in order of travel for all routes requested.
- Include the total mileage of each route requested.
- Incomplete and illegible applications will be disapproved.
- All correspondence must be in writing and mailed to:

  Tennessee Department of Safety and Homeland Security
  Driver Services Division-Hardship License
  1150 Foster Avenue
  Nashville, TN 37243

SECTION A-APPLICANT INFORMATION
1. Provide your full legal name-first, middle, last and any suffix. Nicknames and/or initials will not be accepted.
2. Provide your physical street address. A Post Office Box or Rural Route Number will not be accepted.
3. A social security number is required for the Department’s records if one has been issued.

SECTION B-PRIMARY HOUSEHOLD
1. Fill out this section to describe the primary household.
2. If someone other than a parent has legal custody, a copy of the legal documents(s) supporting this fact must be submitted with the application.
3. If self-employed, provide the name and nature of the business.

SECTION C-SECONDARY HOUSEHOLD
Use this section for information regarding biological parent(s) not in the household.

SECTION D-OTHER MEMBERS OF HOUSEHOLD
List everyone in the household that is 14 years of age and older by their first name, middle name, last name and suffix.

SECTION E-HARDSHIP DESTINATION(S)
1. Most hardships fit into one category or destination. No destination outside the State of Tennessee will be approved.
2. Include all the names of roadways and streets for routes requested in order of travel.
3. If you need more space to describe the hardship or the route, attach additional sheet(s) using the same format.
4. Include all roadways and streets requested in order of travel. Only the most direct route will be considered.

SECTION F-SIGNATURES REQUIRED
Application must be notarized by a Notary Public.

APPEALS PROCESS:
If application is denied in whole or in part, the applicant may file an appeal of the denial. The applicant shall include in the appeal the denial letter and the original hardship application. The appeal should be mailed to the address listed above.
APPLICATION FOR HARDSHIP/TEMPORARY HARDSHIP DRIVER LICENSE

The Tennessee Department of Safety and Homeland Security can verify any and all information submitted. There are penalties for submitting a fraudulent application. Tenn. Code Ann. § 55-50-602

Check box below for reason you are applying for a Hardship License/Temporary Hardship License

☐ To drive to/from work (Applicant must be working to help financially support the family)
  Complete Sections A, B, C (if applicable), D, E-1 and F

☐ To drive to/from school
  Complete Sections A, B, C (if applicable), D, E-2 and F

☐ To drive to/from school and extracurricular school activities
  Complete Sections A, B, C (if applicable), D, E-2 and F

☐ To drive to/from school and work
  Complete Sections A, B, C (if applicable), D, E-1, E-2 and F

☐ Other (Grocery, Doctor)
  Complete Sections A, B, C (if applicable), D, E-3, and F

SECTION A-APPLICANT INFORMATION (required)

Full Name _______________________________________________________________________________________________
  First                                                          Middle                                                         Last                                                                         Suffix

Home Address (Required) _________________________________________________________________________________
  Must include Street Number, Street Name and any Apartment number if Applicable
  City                                                               State                                          Zip Code

Mailing Address, if different from home address __________________________________________________________________________

Home Telephone Number (______) ____________________________   Alternate Phone Number (______) __________________________

Applicant’s Date of Birth ________________________________/________________/ __________________
  MONTH                                                      DAY                               YEAR

Tennessee Identification License or Learner Permit Number, if applicable _________________________________________

Applicant’s Social Security Number: _____________________________________________________
SECTION B-PRIMARY HOUSEHOLD (required)

1. FATHER / STEPFATHER / LEGAL GUARDIAN (CIRCLE ONE)

Full Name ___________________________________________ First___ Middle___ Last___ Suffix

Home Address (Required) ____________________________________________ Must include Street Number, Street Name and any Apartment number if Applicable

___________________________________________________________________________________________
City ___________ State ___________ Zip Code _______________________________

Mailing Address, if different from home address ____________________________________________

___________________________________________________________________________________________
City ___________ State ___________ Zip Code _______________________________

Driver License Number ___________________________________________________ STATE _______________________________

Home Telephone Number (______) __________________________ Alternate Phone Number (______) __________________________

Self-Employed? YES ________ NO ________ Work Phone Number (______) __________________________

Name of Employer __________________________

Supervisor’s Name __________________________

Type of Business __________________________

Job Title __________________________

Normal Schedule – Include Days and work hours ____________________________________________

___________________________________________________________________________________________
2. MOTHER / STEPMOTHER / LEGAL GUARDIAN (CIRCLE ONE)

Full Name ___________________________________________ First___ Middle___ Last___ Suffix

Home Address (Required) ____________________________________________ Must include Street Number, Street Name and any Apartment number if Applicable

___________________________________________________________________________________________
City ___________ State ___________ Zip Code _______________________________

Mailing Address, if different from home address ____________________________________________

___________________________________________________________________________________________
City ___________ State ___________ Zip Code _______________________________

Driver License Number ___________________________________________________ STATE _______________________________

Home Telephone Number (______) __________________________ Alternate Phone Number (______) __________________________

Self-Employed? YES ________ NO ________ Work Phone Number (______) __________________________

Name of Employer __________________________

Supervisor’s Name __________________________

Type of Business __________________________

Job Title __________________________

Normal Schedule – Include Days and work hours ____________________________________________
SECTION C - SECONDARY HOUSEHOLD (if applicable)

1. FATHER / STEPFATHER / (CIRCLE ONE)

Full Name _______________________________________________________________________________________________
First                                                                                           Middle                                                                                               Last                                                                                                                     Suffix

Home Address (Required) _________________________________________________________________________________
Must include Street Number, Street Name and any Apartment number if Applicable
_______________________________________________________________________________________________
City                                                                                     State                                                                                                               Zip Code

Mailing Address, if different from home address __________________________________________________________________________
____________________________________________________________________________________________________________________
Driver License Number _______________________________________________________    STATE _______________________________

Home Telephone Number (______) __________________________ Alternate Phone Number (______) __________________________
Self-Employed? YES _________ NO _________ Work Phone Number (______) ___________________________
Name of Employer ___________________________________________________________________________________________________
Supervisor’s Name ___________________________________________________________________________________________________
Type of Business _____________________________________________________________________________________________________
Job Title ____________________________________________________________________________________________________________
Normal Schedule – Include Days and work hours _________________________________________________________________________
____________________________________________________________________________________________________________________

2. MOTHER / STEPMOTHER (CIRCLE ONE)

Full Name _______________________________________________________________________________________________
First                                                                                           Middle                                                                                               Last                                                                                                                     Suffix

Home Address (Required) _________________________________________________________________________________
Must include Street Number, Street Name and any Apartment number if Applicable
_______________________________________________________________________________________________
City                                                                                     State                                                                                                               Zip Code

Mailing Address, if different from home address __________________________________________________________________________
____________________________________________________________________________________________________________________
Driver License Number _______________________________________________________    STATE _______________________________

Home Telephone Number (______) __________________________ Alternate Phone Number (______) __________________________
Self-Employed? YES _________ NO _________ Work Phone Number (______) ___________________________
Name of Employer ___________________________________________________________________________________________________
Supervisor’s Name ___________________________________________________________________________________________________
Type of Business _____________________________________________________________________________________________________
Job Title ____________________________________________________________________________________________________________
Normal Schedule – Include Days and work hours _________________________________________________________________________
____________________________________________________________________________________________________________________
SECTION D - OTHER MEMBERS OF HOUSEHOLD (if applicable)

Are there any other members in either household, (primary or secondary) that can provide transportation? This includes stepparents, brothers, sisters, grandparents, and any other person living in household(s) with the applicant.

YES ________________   NO ________________ (if you marked NO, skip to Section E)

If you marked YES provide their information below:

1. Name ___________________________  Age _______  Driver License # ___________________________
   Reason they cannot provide transportation for applicant: __________________________________________

2. Name ___________________________  Age _______  Driver License # ___________________________
   Reason they cannot provide transportation for applicant: __________________________________________

3. Name ___________________________  Age _______  Driver License # ___________________________
   Reason they cannot provide transportation for applicant: __________________________________________

If additional space is needed, please attach an additional sheet using the same format as above.

SECTION E- HARDSHIP DESTINATIONS (required)

1. WORK

Applicant must be working to help financially support the family. Only one (1) work location will be considered. Volunteer work, delivery work or any work driving from one location to another (i.e. parts delivery, pizza delivery, mowing, farm to farm, towing) will NOT be approved.

Applicant must submit a letter from applicant’s employer verifying employment including hours and days of employment. Paycheck stubs will not be accepted.

Explain in detail why the applicant must work. How is s/he helping financially support the family?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Routes:
FROM:  (NAME, ADDRESS, CITY, STATE, ZIP CODE)

___________________________________________________________________________

TO:  (NAME, ADDRESS, CITY, STATE, ZIP CODE)

___________________________________________________________________________

Most direct route (Provide name of Roadways and streets, and total mileage. Do not include alternate routes).

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
2. SCHOOL/EXTRA CURRICULAR SCHOOL ACTIVITIES

To request this destination, applicant must submit a letter from the school principal, on school letterhead verifying there is no bus transportation available from home to school and/or school to home and that applicant is actively participating in a school activity that requires applicant to arrive before school, or to stay after school. The letter should name the activity and the month, days, and time of participation. (Sample letter is attached)

If applicant must travel to a location other than school for practice, the letter from the school principal must verify the name of the location and verify that no transportation is available to that location.

Explain in detail the hardship created if applicant cannot drive to requested destination(s)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Routes:
1. FROM: (NAME, ADDRESS, CITY, STATE, ZIP CODE)

___________________________________________________________________________
___________________________________________________________________________
Most direct route (Provide name of Roadways and streets, and total mileage. Do not include alternate routes).

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Routes:
2. FROM: (NAME, ADDRESS, CITY, STATE, ZIP CODE)

___________________________________________________________________________
___________________________________________________________________________
TO: (NAME, ADDRESS, CITY, STATE, ZIP CODE)

___________________________________________________________________________
___________________________________________________________________________
Most direct route (Provide name of Roadways and streets, and total mileage. Do not include alternate routes).

___________________________________________________________________________
___________________________________________________________________________

If additional space is needed, attach an additional sheet using the same format as above.
February 1, 2014

Tennessee Department of Safety and Homeland Security
Driver License Issuance Division/Hardship License
1150 Foster Av.
Nashville, TN 37243

To Whom it May Concern:

Ms. Jane Doe is currently enrolled at All-Around High School. Regular school hours are from 8:00 a.m. to 3:00 p.m. Monday through Friday. All-Around High and the county school system does not provide bus transportation to and from school.

Jane also actively participates in our softball program, which is a school-sponsored activity. Practice is held at Mitchell Ball Field located at 123 Home Run Way in Nashville, Tennessee. Practice is held from February through May each Monday, Wednesday and Friday from 3:30 p.m. until 5:00 p.m. Transportation to these practices is not provided.

If I can be of further assistance, please feel free to contact me at (615) 555-1212.

Sincerely,

Ima Educator, School Principal
All-Around High School
3. OTHER (Grocery, Drug Store, Doctor’s Office)

To apply for this destination a medical reason must be involved and applicant will need to provide the following:

1. Submit a statement from a medical physician indicating the frequency of required visits.

*Note: If the person with the medical condition holds a valid Tennessee driver license, they could possibly be contacted by the Department of Safety and Homeland Security’s Driver Improvement Section to determine if they need to be re-tested in order to maintain their driving privileges.*

Explain in detail the hardship created if applicant cannot drive to requested destination(s)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Route:
1. FROM: (NAME, ADDRESS, CITY, STATE, ZIP CODE)

___________________________________________________________________________

TO: (NAME, ADDRESS, CITY, STATE, ZIP CODE)

___________________________________________________________________________

Most direct route (Provide name of Roadways and streets, and total mileage. Do not include alternate routes).

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

*If additional space is needed, attach an additional sheet using the same format as above.*
SECTION F- REQUIRED SIGNATURES

IMPORTANT: Please review your application before submission to ensure all information is accurately filled out and complete. All roadways and streets for route(s) requested by applicant must be listed in order of travel.

By signing this application and having it notarized, I swear and affirm that the information submitted in this application is true and correct to the best of my knowledge and belief. I further acknowledge and understand there are penalties for making a fraudulent driver license application.

Per Tenn. Code Ann. § 55-50-312(b): Any negligence or willful misconduct or violation of any motor vehicle law of this state or any municipality thereof by a minor under eighteen (18) years of age when driving a motor vehicle upon a highway or street shall be imputed to the person who has signed the application of the minor for a permit or license, which person shall be jointly and severally liable with the minor for any damages or fines occasioned by the negligence, willful misconduct, or violation, except as otherwise provided in subsection (c).

Signature of Applicant: ________________________________________________________________

Signature of Father/Stepfather/Legal Guardian: ________________________________________________

Signature of Mother/Stepmother/Legal Guardian: ________________________________________________

To be completed by Notary Public:

STATE OF TENNESSEE
COUNTY OF _______________________________________________________

Sworn to and subscribed before me this ______ day of ____________________________, 20_____.

________________________________________________
Signature of Notary Public and seal

My commission expires: ______________________________

MAIL COMPLETED APPLICATION TO:

TENNESSEE DEPT. OF SAFETY AND HOMELAND SECURITY
DRIVER SERVICES DIVISION-HARDSHIP LICENSE
1150 FOSTER AV.
NASHVILLE, TN 37243

FOR OFFICE USE ONLY

_______ Approved ____________________________ Destination(s)

_______ Denied ____________________________ Destination(s)

Reason for denial of any or all destinations: ____________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Signature: ____________________________ Date: ____________________________

Driver Services Division