

Total Abstinence for License Reinstatement

If you have lost your license for life, because of DUIs, civil suspensions and/or refusals, you may apply for license reinstatement with proof of the required three-year period of abstinence from all alcohol and drugs and the successful completion of a substance abuse treatment program.

Six Steps to be Completed When Requesting Reinstatement Through Total Abstinence

1. Have at least three years of being abstinent from all alcoholic beverages, illegal drugs or misuse of prescription-regulated drugs. Even some beers and wine labeled “non-alcoholic” contain alcohol and may not be consumed under Total Abstinence.
2. Complete an Impaired Driver Rehabilitation Program (IDRP) intake at one of the IDRP sites to discuss your intentions to prove Total Abstinence with your IDRP Evaluator.
3. Successfully complete treatment consisting of a minimum of 20 hours over a minimum of 24 weeks with a Licensed Alcohol and Drug Counselor (LADC). The counselor, IDRP Evaluator, and a representative from IDRP will determine when you have successfully completed treatment.
4. Complete the Total Abstinence Packet (form VS-077). The entire packet, once completed, should be delivered to the Enforcement & Safety Division of the Vermont Department of Motor vehicles, located at 120 State Street, Montpelier, Vermont 05603 on the third floor.
 - **“Applicant’s Sworn Declaration Form.”** A written, sworn statement that you have been completely abstinent from all alcoholic beverages, illegal drugs and abuse of prescribed regulated drugs during the three years (including investigation period), and that you appreciate that you cannot drink any alcohol or take any of the substances described above and drive safely. This form must be filled out within 60 days of the IDRP exit interview.
 - **“Corrections and/or Probation Information Form”** filled out by your Probation/Corrections Office attesting to the fact that you have not had any substance related violations or incarcerations or been placed on a furlough status within the total abstinence period and giving information on any interaction you have had with that agency.
 - **“Letter of Support Statements”** Notarized statements from four (4) individuals that have known you, and have had regular contact with you during the required period of abstinence. (Regular contact means at least weekly, personal contact with the individual).
 - ***The individuals could include your spouse or another adult family member; an active AA member; your employer or business associates; a member of the clergy, a friend; a neighbor, or a law enforcement officer in your area. Only two (2) of these statements can be filled out by a family member.***
 - **“Total Abstinence Applicant Personal History Questionnaire Form.”** This form must be notarized upon completion and the applicant must attach an up-to-date head & shoulder 3 x 5 photograph of themselves to the last page.
 - **“Reference & Acquaintance Contact Form”** Notarized statement from five (5) individuals that have known you, and have had personal contact with you during the required period of abstinence. They cannot be support letter writers or family members.
5. Your counselor will need to submit a **Treatment Information** form to the IDRP Evaluator stating that you have successfully completed your therapy program. You will need to contact your IDRP Evaluator to schedule an **exit interview**.
6. **Application fee of \$500.00** made payable to Vermont Department of Motor Vehicles.



DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000
Toll Free: 888-99-VERMONT
TTD: 711

**ABSTINENCE FROM ALCOHOL AND DRUGS
MEDICAL & INFORMATION AUTHORIZATION TO DISCLOSE FORM**

_____, Date of Birth: _____

Applicant Name Here (Type or print clearly)

Applicant Address: _____
Number Street apt. # Town/City State ZIP

Applicant Phone: _____

I authorize the following institution(s) to disclose/release Information:

To Send Information by mail to: **Vermont Department of Motor Vehicles
Enforcement & Safety Division
120 State Street, 3rd Floor
Montpelier, Vermont 05603-0001
Attention: Office of the Chief Inspector
Phone-802-828-2067**

Or Fax to: **802-828-2092**

Type of information requested signified by boxes checked below:

- All prescriptions including date prescribed, quantity, Mg dosage, prescribing physician name and label directions from _____ to _____.
Date Date
- Any and all medical records, doctor notes, counseling records and other information regarding use of alcohol, illegal drugs or abuse of prescribed medications from _____ to _____.
Date Date
- Any and all laboratory results showing alcohol and/or drug levels from _____ to _____.
Date Date
- Provide a letter from primary doctor, and or their designee, providing medical opinion on applicant's ability to safely operate a motor vehicle on a public highway after a review of the applicant's current medical condition, medical history and consideration to currently prescribed medications.
- Any referrals made to counseling services or other medical professionals



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MEDICAL & INFORMATION AUTHORIZATION TO DISCLOSE FORM**

Other:

I understand my records are protected under the Federal Confidentiality Regulations (42 CFR Part - 2), published July 1, 1975 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand I may revoke this consent at any time except to the extent action has been taken in reliance to it, (i.e. - Probation, Parole, etc.) and in any event, this consent expires automatically as described below.

I understand in the event of bill collection through Vermont District Court, confidentiality cannot be guaranteed.

I understand this waiver is valid for a period of one year from the date of my signature below.

(Applicant Signature)

(Date)

(Witness Signature)

(Date)



**CORRECTIONS AND/OR PROBATION INFORMATION FORM
ABSTINENCE FROM ALCOHOL AND DRUGS**

(TO BE FILLED OUT BY THE INDIVIDUAL SUPERVISING THE APPLICANT)

The individual that is supplying you with this form is trying to obtain the reinstatement of their privilege to drive by proving Total Abstinence from alcohol, illegal drugs and/or taking a regulated prescription drug(s) not consistent with the prescription label. As part of the Total Abstinence process, The Impaired Driver Rehabilitation Program and the Vermont Department of Motor Vehicles will need information about any incarcerations, and levels of supervision given to the individual while on probation or while serving any sanctions for the Department of Corrections. Per 23 VSA 1209(b)(1), the period of abstinence shall not include serving a sentence of incarceration to include furlough.

Date this form was submitted to Corrections/Probation: _____

If this form is being filled out in the State of Vermont, please return the form to your local Impaired Driver Rehabilitation Project Evaluator. If the form is being filled out in a State other than Vermont, please return this form to: Impaired Driver Rehabilitation Program, 108 Cherry Street, PO Box 70, Burlington, VT 05402-0070. If you have questions, please contact the Impaired Driver Rehabilitation Program as 802-651-1574.

Please write clearly or type

Applicant's Name: _____ Applicant's Date of Birth: _____

Has this applicant been on *any type* of Custody and/or Probation: _____ **Yes** _____ **No**

(If no, please sign and date this form and return it to the Impaired Driver Rehabilitation Program Evaluator, or The Impaired Driver Rehabilitation Program. If **yes**, please continue.)

When proving Total Abstinence, the level of supervision given to an individual is essential. Please provide below, the information you have relative to date(s) and types of supervision, along with information regarding alcohol and or drug use that applicant may have had.

Has this person been on supervision with the Department of Corrections within the past three years?

YES _____ **NO** _____

If **yes**, please document the applicable manners of supervision:

Incarceration dates _____ to _____

Work Crew dates _____ to _____

Supervised Community Sentence dates _____ to _____

Furlough dates (Any kind) _____ to _____



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Probation dates _____ to _____

Parole dates _____ to _____

Are there any indications of alcohol or illegal drug use(s) **YES** _____ **NO** _____

If **yes**, please complete the following and indicate BAC results and or type(s) of drugs discovered:

Date Type of substance (If alcohol list BAC results) Discovered how (Observation, test, other)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date this individual was released from all supervision: _____

Information of Individuals Supervising the applicant:

Employee Name: _____ Employee Phone: _____

Employee Job Status (Retired, Transferred, Etc.): _____

Location/Address of Office _____

Dates employee supervised applicant: _____ to _____

Employee Name: _____ Employee Phone: _____

Employee Job Status (Retired, Transferred, Etc.): _____

Location/Address of Office _____

Dates employee supervised applicant: _____ to _____



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Employee Name: _____ Employee Phone: _____

Employee Job Status (Retired, Transferred, Etc.): _____

Location/Address of Office _____

Dates employee supervised applicant: _____ to _____

Comments and or other pertinent information for the investigator conducting the applicant's background investigation:

Name of Individual filling out form Date

Title

To Corrections:

Please return this completed form to the Enforcement & Safety Division of the Vermont Department of Motor Vehicles by scanning and attaching it to an email. Please indicate in the subject field of the email "Total Abstinence." The email address to forward it to is:

DMV-Enforcement@vermont.gov

In the event you need to send the completed form by U.S. Mail, please send it to:

Vermont Department of Motor Vehicles
Enforcement & Safety Division (Total Abstinence Program)
120 State Street, 3rd Floor
Montpelier, Vermont 05603

**REFERENCE & ACQUAINTANCE CONTACT FORM
ABSTINENCE FROM ALCOHOL AND DRUGS**

The individual that is supplying you with this form is trying to gain reinstatement of their privilege to drive in the State of Vermont by proving Total Abstinence from alcohol, illegal drugs and/or taking a regulated prescription drug(s) not consistent with the prescription label. Reinstatement of the Applicant's license will be based, in part, on the information you provide.

The individual filling out this form must have known the applicant during his or her term of abstinence (3 years) and has had personal contact with the applicant. Please be sure that the information you provide is as clear and complete as possible. This document must be signed in the presence of a Notary Public. Generally, Notary Publics are available at Town Clerk offices, banks, and legal offices. PLEASE WRITE CLEARLY OR TYPE

Applicant's Name: _____

Your Name: _____ Your Date of Birth: _____

Your Physical Address: _____

Your E-Mail Address: _____

Your Telephone Number: Home (____) _____ Work: (____) _____ Cell (____) _____

Your Relationship to Applicant: _____

How long have you known the Applicant: _____

How often do you have contact with the Applicant: _____

What's the last date you saw the applicant: _____

When is the approximate last time you personally were aware the applicant was consuming alcohol, using illegal drugs or taking a regulated prescription drug(s) not consistent with the prescription label?

My signature, as affiant on this form, is certification that the information contained is true and accurate to the best of my knowledge. Statements and warrants made herein are certified under penalties of 23 VSA §201, §202 and §203(7). Violations of 23 VSA §201 and §202 are misdemeanor offenses and may be punishable by not more than two years imprisonment, a fine up to \$1000.00, or both and the person's privilege to operate suspended for 90 days. A violation of 23 VSA §203(7) may be punishable by a penalty of not more than \$1000.00 and the person's privilege to operate suspended for 60 days.

Affiant - Print Name_____
Affiant – SignatureSubscribed and sworn to before me on _____, at _____, Vermont
Date Town_____
Notary – Print name_____
Notary Phone Number_____
Notary – Signature (Expires 02/10/20____)

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Your Name: _____ Your Date of Birth: _____

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Your E-Mail Address: _____

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Affiant – SignatureSubscribed and sworn to before me on _____, at _____, Vermont
Date Town_____
Notary – Print name_____
Notary Phone Number_____
Notary – Signature (Expires 02/10/20____)

Total Abstinence Applicant Personal History Questionnaire

Section A. Applicant Identification: Information provided is for identification and contact purposes.

Name: _____
(Last) (First) (Middle Initial)

Date of Birth: _____ Place of Birth _____
(City) (State) (Zip Code)

Physical Address: _____
(Number) (Street) (Apt. #) (City) (State) (Zip)

Mailing Address: (if different from above):

(Number) (Street) (Apt. #) (City) (State) (Zip)

Phone Numbers: _____
(Home) (Work) (Cell)

E-Mail Address: _____

Nickname(s), maiden name, or other name(s) by which you have been known:

Do you currently operate a motor vehicle that has a device, which requires you to provide a breath sample in order to start the vehicle (Interlock Safety Device)?

(Please circle): **YES** **NO**

Name of Interlock Device Vendor: _____

Date Installed: _____ Vehicle: _____
(Year) (Make) (Model) (Registration #)

Name of Previous Vendor(s) (if applicable): _____

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Section B. Residences: List all addresses where you have lived during your time of abstinence, beginning with present address. List dates by month and year. (Attach extra page if necessary).

1. From _____ to Present

(Number)	(Street)	(Apt. #)	(City)	(State)	(Zip)
----------	----------	----------	--------	---------	-------

2. From _____ to _____

(Number)	(Street)	(Apt. #)	(City)	(State)	(Zip)
----------	----------	----------	--------	---------	-------

3. From _____ to _____

(Number)	(Street)	(Apt. #)	(City)	(State)	(Zip)
----------	----------	----------	--------	---------	-------

4. From _____ to _____

(Number)	(Street)	(Apt. #)	(City)	(State)	(Zip)
----------	----------	----------	--------	---------	-------

Section C. Employment: Beginning with your present or most recent job, list all employment during your time of abstinence. Include periods of unemployment. Attach extra sheet if necessary.

1. Employer: _____ Phone: _____

Address: _____

(Number)	(Street)	(City)	(State)	(Zip)
----------	----------	--------	---------	-------

Dates: _____ Supervisor(s): _____

2. Employer: _____ Phone: _____

Address: _____

(Number)	(Street)	(City)	(State)	(Zip)
----------	----------	--------	---------	-------

Dates: _____ Supervisor(s): _____

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3. Employer: _____ Phone: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Dates: _____ Supervisor(s): _____

4. Employer: _____ Phone: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Dates: _____ Supervisor(s): _____

Section D. Relatives:1. Relationship Status (Circle): Single Partner Married Separated Divorced Widowed

2. Current Relationship's Name: _____ DOB: _____

Address: _____
(Number) (Street) (City) (State) (Zip)Phone(s): _____
(Home) (Work) (Cell)

E-Mail Address: _____

3. Ex-Relationship's Name: _____ DOB: _____

Address: _____
(Number) (Street) (City) (State) (Zip)Phone(s): _____
(Home) (Work) (Cell)

E-Mail Address: _____

4. Other Relatives: List all children, parents, and siblings. Use extra sheet if necessary.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone(s): _____ Phone(s): _____

E-Mail: _____ E-Mail: _____

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Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone(s): _____ Phone(s): _____

E-Mail: _____ E-Mail: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone(s): _____ Phone(s): _____

E-Mail: _____ E-Mail: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone(s): _____ Phone(s): _____

E-Mail: _____ E-Mail: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone(s): _____ Phone(s): _____

E-Mail: _____ E-Mail: _____

Section E. References & Acquaintances: List additional persons (**other than letters of support writers and relatives**) who have known you during your period of abstinence. **NOTE: You must have a minimum of 5 references and each reference must complete the “Reference & Acquaintance Contact” form, which needs to be attached to this packet (Type or print clearly).**

1. Name: _____
2. Name: _____
3. Name: _____
4. Name: _____
5. Name: _____

Section F. Law Enforcement Contacts: List all contacts you have had during your time of abstinence with Police, Corrections, Probations, etc. If you have been charged with a crime, violated probation / parole, been a victim or subject to a police investigation, detail in full the circumstances regarding the incidents, dates and dispositions. All of the information provided will be verified for accuracy. Use extra sheets if necessary (Type or print clearly).

Section G. Prior Drinking Preferences: List your preferred type of alcoholic beverage(s) from when you were still consuming alcohol (i.e. – wine, wine coolers, light beer, vodka). Be sure to be specific as to brand name(s) (i.e. – Budweiser, Captain Morgan) and where you purchased alcohol from (i.e.- Hannaford, Cumberland Farms, VFW, etc.)

Preferred type of alcohol: _____

List specific brand(s): _____

Where purchased: _____

Section H. Declaration: This document must be signed by the applicant in the presence of a Notary Public. Generally, Notary Publics are available at Town Clerk offices, banks, and legal offices.

My signature, as affiant on this form, is certification that the information contained is true. Statements and warrants made herein are certified under penalties of 23 VSA §201, §202 and §203(7). Violations of 23 VSA §201 and §202 are misdemeanor offenses and may be punishable by not more than two years imprisonment, a fine up to \$1000.00, or both and the person's privilege to operate suspended for 90 days. A violation of 23 VSA §203(7) may be punishable by a penalty of not more than \$1000.00 and the person's privilege to operate suspended for 60 days.

Affiant - Print Name

Affiant – Signature

Subscribed and sworn to before me on _____, at _____, Vermont
Date Town

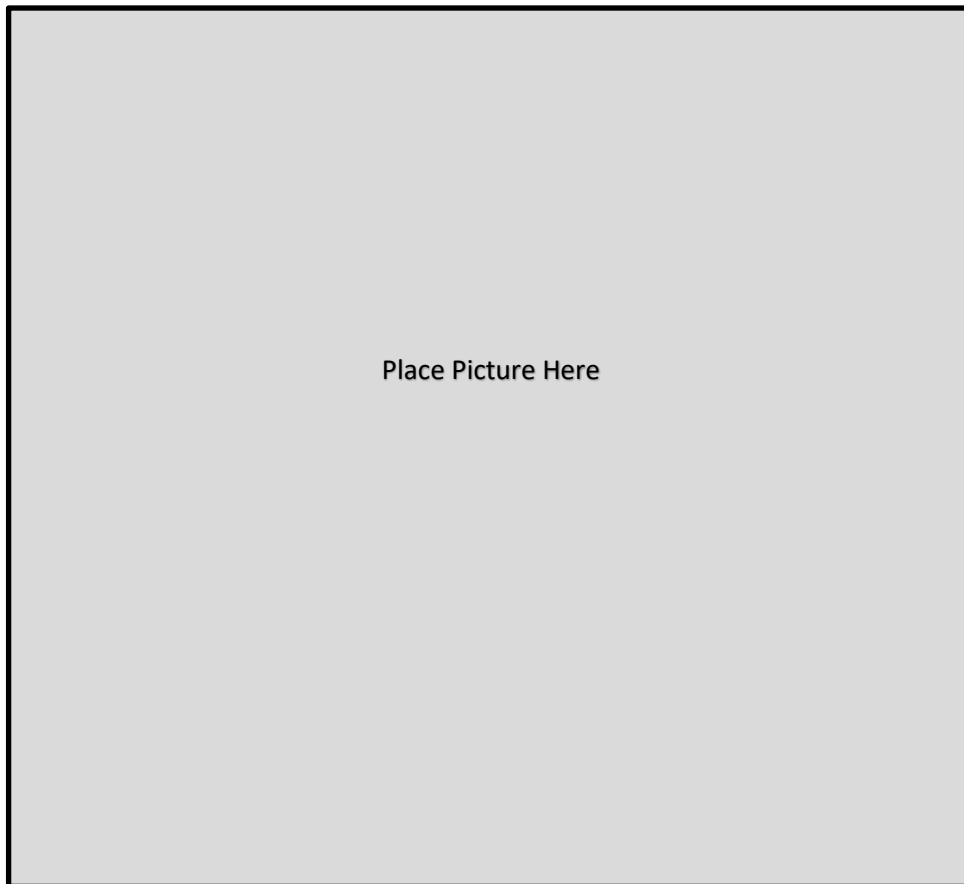
Notary – Print name

Notary Phone Number

Notary – Signature (Expires 02/10/20____)

Section I. (Photograph): Note: This photograph will not be returned to you. If a current photograph is not attached, your application for abstinence will be rejected.

Attach Up-To-Date Photograph in shaded grey area below (Head & Shoulders)





Applicant's Sworn Declaration
Abstinence From Alcohol And Drugs

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

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Montpelier, Vermont 05603-0001
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Toll Free: 888-99-VERMONT
TTD: 711

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IF AN INDIVIDUAL IS PROVING TOTAL ABSTINENCE TO TRY TO OBTAIN THEIR PRIVILEGE TO DRIVE BACK IN THE STATE OF VERMONT, THIS FORM IS REQUIRED. NOTE: IF ANY QUESTIONS ARE NOT ANSWERED, THE FORM WILL BE RETURNED. PLEASE WRITE CLEARLY OR TYPE

Full Name: _____ Date of Birth: _____

Current Mailing Address: _____

Physical Address (Add directions if in a Rural Area) _____

Telephone: Home () _____ Work () _____ Cell () _____

E-Mail Address _____

Employers Name, Address and Phone # _____

Work Schedule (**Include days & hours worked**) _____

Please indicate whether you were ever on Probation: _____ Yes _____ No *(If you were ever on Probation, you will need to have a Corrections and/or Probation Information form filled out by your Probation Office. A form may be obtained from the Impaired Driver Rehabilitation Program Evaluator. If you live in a State other than Vermont, please contact the Impaired Driver Rehabilitation Program at 802-651-1574)*

If yes, please give the name of your Probation Officer: _____

Location of Probation Office: _____

Probation Officer's telephone Number: _____

In your own words, describe the conditions, behaviors, changes, etc. in your life which are associated with your abstinence. Include any other statements that you wish to make at this time. (Use / attach additional paper if needed.)



Applicant's Sworn Declaration
Abstinence From Alcohol And Drugs

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If I live in the State of Vermont, I will be required to bring this form to the Impaired Driver Rehabilitation Program Evaluator at the time of my exit interview. I realize that it is my responsibility to contact the Impaired Driver Rehabilitation Program Evaluator and to schedule an exit interview. (Note: If you live in a State other than Vermont, this form should be mailed to the Impaired Driver Rehabilitation Program @ 108 Cherry Street, PO Box 70, Burlington, VT 05402-0070.)

Instructions to the applicant: Please read the following and sign the sworn declaration. This documents must be signed in the presence of a Notary Public. Generally, Notary Publics are available at Town Clerk offices, banks and legal offices.

I am applying for license reinstatement through the State of Vermont's Total Abstinence Program. I understand if it has been determined through the Total Abstinence Investigation, my privilege to operate is reinstated, I can never consume alcohol, use illegal drugs or use a regulated prescription drug, as defined in 18 VSA §4201(29), in a manner that is inconsistent with the prescription label, again. This includes my time of abstinence, including the subsequent investigation period. I understand any amount of the above described substances, used in the manner described above, if reinstated, is grounds for the immediate and permanent revocation of my operator's license and I can never apply for total abstinence again. I understand this rule applies to any situation where I might consume any of the above described substances, in the manner described above, and I understand there is no requirement for me to be operating a motor vehicle.

I further understand I may be asked to submit to a urinalysis drug and alcohol screening during my total abstinence investigation by an agent of the Department of Motor Vehicles or other law enforcement entities. I understand my refusal to submit is grounds for immediate termination of my investigation and I will be denied license reinstatement. I acknowledge a positive result for any of the aforementioned is grounds for immediate termination of my investigation.

By applying for license reinstatement through the Total Abstinence Program, I fully agree with the rules as outlined above. I swear I have been totally abstinent from any alcohol, illegal drug use and/or have not taken any regulated prescription drug inconsistent with the prescription label as of:

_____, which is _____ years and _____ months.
(Date Abstinence Began)

My signature, as affiant on this form, is certification that the information contained is true and accurate to the best of my knowledge. Statements and warrants made herein are certified under penalties of 23 VSA §201, §202 and §203(7). Violations of 23 VSA §201 and §202 are misdemeanor offenses and may be punishable by not more than two years imprisonment, a fine up to \$1000.00, or both and the persons privilege to operate suspended for 90 days. A violation of 23 VSA §203(7) may be punishable by a penalty of not more than \$1000.00 and the privilege to operate shall be suspended for 60 days.

Affiant - Print Name

Affiant – Signature

Subscribed and sworn to before me on _____, at _____, Vermont
Date Town

Notary – Print name

Notary Phone Number

Notary – Signature Expires 02/10/20____)



DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000
Toll Free: 888-99-VERMONT
TTD: 711

**LETTER OF SUPPORT STATEMENT
ABSTINENCE FROM ALCOHOL AND DRUGS**

The individual/applicant that is supplying you with this form is trying to reinstate their privilege to drive in the State of Vermont by proving Total Abstinence from alcohol, illegal drugs and/or taking a regulated prescription drug(s) not consistent with the prescription label. Reinstatement of the Applicant's license will be based, in part, on the information you provide.

The individual filling out this form must have known the applicant during his or her term of abstinence (3 years) and has had ongoing personal contact with the applicant during the term. Please be sure that the information you provide is as clear and complete as possible. This document must be signed in the presence of a Notary Public. Generally, Notary Publics are available at Town Clerk offices, banks, and legal offices.

PLEASE WRITE CLEARLY OR TYPE

Applicant's Name: _____

Your Name: _____ Your Date of Birth: _____

Your Physical Address: _____

Your Email Address: _____

Your Phone Number: Home (____) _____ Work: (____) _____ Cell (____) _____

Your Relationship to Applicant: _____

How Long Have You Known the Applicant: _____

How Often Do You Have Contact with the Applicant: _____

To the best of your knowledge, how long has the Applicant been abstinent from alcohol, illegal drug use or from taking a regulated prescription drug inconsistent with the prescription label?

In your own words, describe the conditions, behaviors, changes, etc. which cause you to believe that the Applicant has been abstinent for that period of time.

OVER



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LETTER OF SUPPORT STATEMENT (Continued)

(This section contains multiple horizontal lines for writing the support statement.)

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