

Non-Resident's Sworn Declaration and Application for Reinstatement through Abstinence from Alcohol and Drugs

Name:		Last	First	Middle
Mailing Address (Address Where You Get Your Mail): <i>if PO or Private Box, also fill in "Physical Address" below.</i>			City:	State:
Physical Address (Address Where You Live) <i>NO PO or Private Box. Physical Address Will Be Printed On Your License.</i>			City:	State:
Vermont License or Permit #:		DOB (mm/dd/yyyy)		Email Address:
Telephone:				
Home		Work		Cell

Instructions to the applicant: Please read the following and sign the sworn declaration (**sign in presence of Notary**).

I am applying for license reinstatement through the State of Vermont's Total Abstinence Program as set forth in 23 V.S.A. § 1209a. I understand I can never consume alcohol, use illegal drugs or use a regulated prescription drug, as defined in 18 V.S.A. §4201, in a manner that is inconsistent with the prescription label, again. 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.

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)

I certify I have completed an alcohol and driving education program on _____, documentation of completion is attached.
 (Date)

My signature, as applicant 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 V.S.A. §201, §202 and §203. Violations of 23 V.S.A. §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 V.S.A. §203 may be punishable by a penalty of not more than \$1000.00 and the privilege to operate shall be suspended for 60 days.

Signature of Applicant:	Date:
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BELOW TO BE COMPLETED BY NOTARY

STATE OF _____ COUNTY OF _____

On this ____ day of _____, 20____, before me personally appeared _____ to me known to be the person who executed the foregoing instrument, and he (she) thereupon duly acknowledged to me that he (she) executed the same to be his (her) free act and deed.

 (Notary signs here)

Mail completed form to: Vermont Department of Motor Vehicles, RDL Unit, 120 State Street, Montpelier, Vermont 05603.