

<b>Name:</b>		<b>Last</b>	<b>First</b>	<b>Middle</b>	
<b>Mailing Address</b> (Address Where You Get Your Mail): <i>If PO Box, provide "Physical Address" below.</i>			City:	State:	Zip:
<b>Physical Address</b> (Address Where You Live) <i>No PO Box.</i>			City:	State:	Zip:
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 a 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)

I hereby affirm, under penalty of perjury of the laws of the State of Vermont, that the information on this form is true and correct. This declaration made under penalties of 23 V.S.A. § 202 & § 4110.	
<b>Signature of Applicant:</b>	Date:

*BELOW IS 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 the completed form to**  
RDL Unit  
Vermont Department of Motor Vehicles  
120 State Street  
Montpelier, Vermont 05603  
Phone: 802.828.2000  
Email: [dmv.vermont.gov/contact](mailto:dmv.vermont.gov/contact)

**Impaired Driver Rehabilitation Program (IDRP)**  
Vermont Department of Health  
108 Cherry Street  
Burlington, VT 05401  
Phone: 802.651.1574  
Fax: 866.272.7989  
Email: [AHS.VDHIDRP@vermont.gov](mailto:AHS.VDHIDRP@vermont.gov)