

Restricted Installation Driving Privileges Packet

- *Copy of Valid Drivers License
- Copy of any court or DMV paper work (*Court finding, pleas, or reinstatements*)
- *Memorandum requesting restricted driving privileges (*List on memorandum locations in which you need access to, i.e. PX, Commissary, Hospital, etc.*)

Memorandum must be signed by one of the following

- a. Your Commander (O5 or above) (*Military*) (**O6 or above for DUIs**)
- b. Your Director (GS12 or above) (*Government Civilian*)
- c. Your COR or COTR (*Contract Employees*)
- d. By individual requester (*Family members or others not meeting above criteria*)

Once complete turn packet into the DES Police Admin Office, for further processing

*Indicates required documents (*This coversheet must accompany packet*)

Name: _____

Address: _____

Phone Number: _____

E-Mail: _____

You will be contacted once your process is complete

**Your installation driving privileges are not restored until you receive completed paperwork from the DES; failure to follow instructions could result in loss of restricted privileges and or additional time added to our original suspension.

Point of Contact:

<u>FSGA</u> Police Admin Services 912-767-6592
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<u>HAAF</u> Police Admin Services 912-315-5250
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DEPARTMENT OF THE ARMY
(YOUR UNIT LETTERHEAD)
FORT STEWART, GEORGIA 31314-5200

YOUR OFFICE SYMBOL

DATE

MEMORANDUM THRU COL's Name, Commander, Unit/Organization, Fort Stewart, Georgia
31314

FOR Office of the Staff Judge Advocate

SUBJECT: Request for Restricted Driving Privileges - Driving Under the Influence (DUI)

1. On _____, I was stopped for
2. I received action by my chain of command or; on date, I appeared and court and was found guilty/not guilty and paid a fine, etc or I am pending a court date.
3. I am requesting restricted driving privileges by the most direct route, from my on/off post residence, to and from the following: work, work related duties, medical, dental, DFAC, access on and off the installation, etc.
4. I can be reached at (your telephone number).

Your Signature Block (Name)
Rank, USA
Your Unit

RECOMMEND APPROVAL / DISAPPROVAL (COL CIRCLES ONE)

First O-6 in Chain of Command
COL, Branch
Commanding
Assumption of Command Orders if not COL

Military Members

Office Symbol

Date

MEMORANDUM THRU

Organization, Supervisor Name, Supervisor Title

RECOMMEND APPROVAL / DISAPPROVAL

FOR Office of the Staff Judge Advocate

SUBJECT: Request for Restricted Driving Privileges

1. On date, I was stopped for
2. Disposition of incident.
3. I'm requesting restricted driving privileges from my off post residence by the most direct route to and from: Thank you for your consideration in this matter.
4. I can be reach at

Name
Address
City, State, Zip
Phone #

RECOMMEND APPROVAL / DISAPPROVAL (SUPERVISOR CIRCLES ONE)

Supervisor Name
Supervisor Title, Branch

Government Employees and Contractors

January 26, 2016

MEMORANDUM FOR Office of the Staff Judge Advocate

SUBJECT: Request for Restricted Driving Privileges

1. On Date, I was stopped for
2. I have paid all fines associated and now possess a valid _____ (State) driver license.
3. I am requesting restricted driving privileges from my on/off post residence by the most direct route to and from (to include on/off installation)
4. I can be reach at

Name
Address
City, State, Zip

Civilians