



North Iowa Fine Recovery and License Reinstatement Program

You MUST complete EVERY line. Write "N/A" on any line that does not apply to you. Incomplete applications will not be processed. False information will result in rejection of your application. Call 641-421-3111 with questions.

I want to... (Check all that apply.) get a driver's license lift vehicle registration hold/get tags discharge probation pay fines I owe

Applicant Information (required)

Full Name _____ Other Last Names _____
Address _____ Apt/Unit _____ City/State _____ Zip Code _____
How long have you lived there? _____ Email _____
Social Security # _____ Date of Birth _____ Driver's License/ID # _____
Phone (primary) _____ Phone (other) _____

Employment Information (required)

I am... (Check only one.) employed on disability/SSI unemployed and not on disability or SSI
• ONLY complete if *unemployed* - I have other income of _____
• ONLY complete if *employed* - complete entire section.
Employer Name _____ Contact Person/Supervisor _____
Address _____ City/State _____ Zip Code _____
Employer Phone _____ How much do you earn monthly? _____

Household Information (required)

Spouse/Other Adults _____ Date of Birth _____
Employers _____ Total Income _____

Monthly Expenses

Utilities (heat, water, electricity) _____ Loan Payments _____
 Food/Groceries _____ Credit Card Payments _____
 Medical/Dental _____ Telephone _____
 Cable/Satellite _____ Internet _____
 Insurance (health, car, home) _____ Child Care _____
 Rent/Mortgage _____ Car Payment _____

Financial Assistance Received

Food Assistance _____ FIP _____
 HUD _____ County Social Services _____
 General Assistance _____ Energy Assistance _____

Other information (required)

I do NOT have any criminal charges pending.
 I DO have any criminal charges pending.
 I am NOT currently on probation or parole.
 I AM currently on probation or parole and my parole officer is _____ County, State _____

If I am unable to be contacted, I would like the Cerro Gordo County Attorney's Office to contact the following individual to contact me.

- Name _____ Phone _____
- Address _____ Apt/Unit _____ City/State _____ Zip Code _____
- Relationship to you _____

Applicant Statement (optional)

I would like to submit the following additional information or special circumstances in support of my application: _____

I have read and completed all fields that apply to me. I submit the above information and promise it is true and correct. I understand admission to the program is not guaranteed, is based on the discretion of the North Iowa License Reinstatement Office, and may be revoked due to violation of program rules and/or disrespectful behavior.

Signature _____ Date _____