Florida Department of Highway Safety and Motor Vehicles Bureau of Administrative Reviews

Date received by BAR	

REQUEST FOR ELIGIBILITY REVIEW

Full Name:			Date of Birth:			
	First	Middle or Maiden	Last	M	M/DD/YYYY	
Ma	ailing Address:					
		Street	City	State	Zip Code	
Dr	ver License Number: State:					
Те	lephone Number: () E	Email Address:			
im		of my driving priv	ord for the purpose of or ilege on a restricted b			
wa	ive the hearing requirem	ent pursuant to Section 3	lege, I request the Bureau of 222.271(2)(b), Florida Statud any written evidence/do	utes, and detern	nine my eligibility	
fol for bas	lows: Six (6) months for a Refusal to Submit to a	Driving with an Unlawt Breath, Blood, or Urine	ne duration of the suspension ful Breath-Alcohol or Block Test. Reinstatement of the ory eligibility requirement	od-Alcohol Lev e driving privile	rel, or one (1) year ege on a restricted	
Αŀ	PPLICATION QUEST	ONS				
Ple	ease answer all the below	questions.				
1.	Have you ever been iss the above question, in v		ny other state? Yes	No. If you che	ecked "Yes" to	
2.			elated offense in any other ate and the offense.			
3.	level or refusal to sub-	Do you understand that if your driver license is currently suspended for an unlawful blood/breath alcoholevel or refusal to submit to a breath/urine/blood test, and you are subsequently convicted of DUI in criminal court, a restricted license received via this Application will no longer be valid? Yes No				
4.	•	* *	ted license, your license wi 22.271(1)(c), Florida Statut		_	

ITEMS TO SUBMIT WITH THIS APPLICATION

Please submit a \$25.00 filing fee via check or money order made payable to the **Division of Motorist Services** with this Application. Please do not send cash. Your application will not be considered complete until the filing fee is received.

Please also submit a copy of your Florida DUI Uniform Traffic Citation and proof of enrollment in DUI School. If the school is not completed within 90 days of enrollment, your restricted license will be cancelled.

OATH OR AFFIRMATION AND WAIVER OF FORMAL/INFORMAL REVIEW

I swear or affirm that all information provided above is true and correct. I acknowledge that knowingly making a false statement or concealing a material fact may result in the denial of a restricted license. I also understand that acceptance of the reinstated driving privilege is deemed a waiver of my right to a formal or informal review under Section 322.2615, Florida Statutes.

Signature of Driver:	Date:	
Signature of Witness:	Date:	
Printed Name of Witness:		

PLEASE MAIL YOUR APPLICATION TO THE OFFICE NEAREST TO YOUR RESIDENCE PLEASE DIRECT ANY QUESTIONS TO THE SAME OFFICE VIA EMAIL

OFFICE	ADDRESS	EMAIL ADDRESS	
Clearwater	4585 140th Ave N., Suite 1002, 33762	ClearwaterBAR@flhsmv.gov	
Jacksonville	7439 Wilson Blvd, 32210	JacksonvilleBAR@flhsmv.gov	
Lauderdale Lakes	3718-3 W. Oakland Park Blvd, 33311	LauderdaleBAR@flhsmv.gov	
Miami	7795 W. Flagler Street, Suite 82C, 33144	MiamiBAR@flhsmv.gov	
Orlando	4101 Clarcona-Ocoee Rd, Suite 152, 32810	OrlandoBAR@flhsmv.gov	
Pensacola	100 Stumpfield Road, 32503	PensacolaBAR@flhsmv.gov	
Tallahassee	2900 Apalachee Pkwy, Room B154, 32399	TallahasseeBAR@flhsmv.gov	
Tampa	2814 East Hillsborough Ave, 33610	TampaBAR@flhsmv.gov	