

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
BUREAU OF ADMINISTRATIVE REVIEWS

REQUEST FOR ELIGIBILITY REVIEW

Driver Name: _____ DL#: _____
(Please print)

I _____ hereby request a review of my record for the purpose of
(Please print)
reviewing and determining my eligibility for immediate reinstatement of my driving privilege on a restricted basis as provided in section 322.2615(1)(b)3, Florida Statutes. I understand the restriction is for Business Purposes Only as defined in section 322.271, Florida Statutes and I must pay a \$25.00 filing fee for this review, pursuant to section 322.21(9)(a).

I understand that the restricted license will be for the duration of the suspension period imposed under section 322.2615, Florida Statutes, as follows:

- Driving with an Unlawful Breath-Alcohol or Blood-Alcohol Level = 6 months suspension
- Refusal to Submit to a Breath, Blood or Urine Test = 1 year suspension

Reinstatement of the driving privilege on a restricted basis as set forth herein is conditioned on statutory eligibility requirements, including but not limited to enrollment in DUI School.

WAIVER OF FORMAL AND/OR INFORMAL REVIEW

I also understand that acceptance of the reinstated driving privilege as provided in section 322.271(7)(c), Florida Statutes, is deemed a waiver of my right to formal and informal review under section 322.2615, Florida Statutes.

Signature of Driver Date: _____

Witness Signature Date: _____

Witness Printed Name