Florida Department of Highway Safety & Motor Vehicle
Bureau of Administrative Reviews
REQUEST FOR ELIGIBILITY REVIEW

Driver's Full Name _____ Telephone Number (_____)_____
First Middle or Maiden Last

Address _____
Street City State Zip Code

Driver License Number _____ State _____

I _____ hereby request a review of my record for the purpose of 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, 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, unless subsequently revoked by the court, 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 a formal or informal review under section 322.2615, Florida Statutes.

Signature of Driver _____ Date _____

Witness Signature _____

Witness Printed Name _____ Date _____

Office Hours - Monday through Friday 8:00 a.m. to 5:00 p.m.
Orlando - Office Hours – Monday through Friday 7:00 a.m. to 6:00 p.m.

City	Address	Office Number	Fax Number
Clearwater	4585 140th Avenue North, Suite 1002	(727) 507-4405	(727) 507-4406 Cleara9()TjTT97a257.9 Tw[Cle