DATE RECEIVED BY DHSMV _____

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF DRIVER LICENSES APPLICATION FOR FORMAL/INFORMAL REVIEW OF DRIVER LICENSE SUSPENSION/DISQUALIFICATION

REASON SUSPENDED/DISQUALIFIED:			CITATION NUMBER:		
DATE OF CITATIO	N/NOTICE:	_ COUNTY WHERE C	TATION/NOTICE WAS IS	SUED:	
DRIVER LICENSE NUMBER:			STATE:		
LICENSE SURRENI	DERED? TO W	HOM?	DATE SURRENDERED:		
MAILING	ST MIDDLE OR MAID		DATE OF BIRTH: _		
	<u></u>	STREET			
CITY MAILING ADDRES	S (IF DIFFERENT FROM ABC	STATE	·	ZIP	
	e: () AREA CODE sented by an attorney, please ind				
<u>FEE</u> , TO THE BURI DAYS OF THE DATE <u>A COPY OF YOUR C</u>	EQUEST A FORMAL OR INF EAU OF ADMINISTRATIVE I C OF ARREST OR ISSUANCE (ITATION MUST ACCOMPANY E BELOW WHICH TYPE OF	REVIEWS OFFICE IN DF NOTICE OF SUSPE <u>YOUR REQUEST.</u> MA	DICATED ON YOUR CITAT NSION/DISQUALIFICATION AKE CHECKS PAYABLE TO	FION/NOTICE, WITHIN 10 N. WHICHEVER IS LATER.	
evidence in	JESTING A FORMAL REVIE cluding the testimony of withe d Rule 15A-6.013, Florida Adm	esses. You may wish			
relevant doc	I AM REQUESTING AN INFORMAL REVIEW. (At an informal review, a hearing officer is authorized to consider only relevant documents or materials submitted by the officer or the driver. No testimony shall be considered. You may wish to refer to sections 322.2615(5) and 322.64(5), Florida Statutes, and Rule 15A-6.018, Florida Administrative Code.)				
NOTE: If you want License.	a hardship (business or employr	nent) license, you must	complete form HSMV 78306	, Application for Hardship	
Applicants Signature:			Date:		
ALL THE INFORMATI	ON ABOVE MUST BE FILLED I	N COMPLETELY AND L	EGIBLY OR YOUR REQUEST	WILL NOT BE HONORED.	