

OPTION SELECTION

Please check only **ONE** of the following two options.

I request an **EXPEDITED REVIEW**. I request that BAR waive the hearing requirement pursuant to Section 322.271(2)(b), Florida Statutes, and determine my eligibility for a restricted license based on this Application and any written evidence/documents I am submitting with this Application in determining whether my request for a restricted license is granted or denied. I understand that BAR is not precluded from requiring a hearing and if a hearing is required I will be contacted.

I request a **HEARING**. I request that BAR determine my eligibility for a restricted license based on this Application, the sworn testimony I will provide, and/or any written evidence/documents I am or will submit in determining whether my request for a restricted license is granted or denied. I understand I will be contacted for a hearing and that hearings are conducted based on the order in which requests are received.

APPLICATION QUESTIONS

Regardless of your selection above, please answer all the below questions.

1. Why is your driver license suspended, cancelled, or revoked? _____

2. Have you ever had your driver license suspended, cancelled, or revoked in another state or country?
 Yes No. If you checked "Yes" to the above question, in which state or country and for what reason? _____

3. Why are you requesting a restricted license? Please check all boxes that apply.

- Driving necessary to maintain livelihood
- Driving to and from work
- Necessary on-the-job driving required by an employer or occupation
- Driving for educational purposes
- Driving for church
- Other

4. If you checked "Other", please explain your need to drive: _____

5. Have you ever been convicted of any alcohol related offense in any other state? Yes No. If you checked "Yes" to the above question, list the state and the offense. _____

6. Do you understand that if your driver license is currently suspended for an unlawful blood/breath alcohol level or refusal to submit to a breath/urine/blood test, and you are subsequently convicted of DUI in a criminal court, a restricted license received via this Application will no longer be valid? Yes No

7. Do you understand that if approved for a restricted license, your license will be restricted to driving for Business Purposes Only as defined in Section 322.271(1)(c), Florida Statutes, and will expire on a specific date? Yes No

CHECKLIST OF ITEMS TO SUBMIT WITH THIS APPLICATION

Please submit a \$12.00 filing fee via check or money order made payable to the **Division of Motorist Services**. Please enclose payment with this application. Please do not send cash. Your application will not be considered complete until the filing fee is received.

Any written evidence, documents, or statements that you wish BAR to consider when determining whether to grant your request for a restricted license.

Proof of enrollment in or completion of Advanced Driver Improvement or DUI School, as applicable. If the school is not completed within 90 days of enrollment, your restricted license will be cancelled.

OATH OR AFFIRMATION

I hereby request reinstatement of my driving privilege on a restricted basis as provided in Section 322.271, Florida Statutes. I understand the restriction is for Business Purposes Only and I must pay a \$12.00 filing fee, pursuant to statute. I additionally understand that reinstatement of the driving privilege as set forth herein is conditioned on meeting all statutory eligibility requirements, including but not limited to enrollment in or completion of Advanced Driver Improvement or DUI School as applicable, and payment of all required fees.

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.

Signature of Driver: _____ Date: _____

Signature of Witness: _____ Date: _____

Printed Name of Witness: _____

PLEASE MAIL YOUR APPLICATION TO THE OFFICE NEAREST YOUR RESIDENCE

FOR QUESTIONS, PLEASE CONTACT THE OFFICE NEAREST YOUR RESIDENCE VIA EMAIL

OFFICE	ADDRESS	EMAIL ADDRESS	PHONE
Clearwater	4585 140th Ave N., Suite 1002, 33762	ClearwaterBAR@flhsmv.gov	(727) 507-4405
Jacksonville	7439 Wilson Blvd, 32210	JacksonvilleBAR@flhsmv.gov	(904) 777-2132
Lauderdale Lakes	3718-3 W. Oakland Park Blvd, 33311	LauderdaleBAR@flhsmv.gov	(954) 677-5800
Miami	7795 W. Flagler Street, Suite 82C, 33144	MiamiBAR@flhsmv.gov	(305) 265-3001
Orlando	4101 Clarcona-Ocoee Rd, Suite 152, 32810	OrlandoBAR@flhsmv.gov	(407) 445-5581
Pensacola	100 Stumpfield Road, 32503	PensacolaBAR@flhsmv.gov	(850) 494-5728
Tallahassee	2900 Apalachee Pkwy, Room B154, 32399	TallahasseeBAR@flhsmv.gov	(850) 617-2449
Tampa	2814 East Hillsborough Ave, 33610	TampaBAR@flhsmv.gov	(813) 276-5795