

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**

ADMINISTRATIVE SUSPENSION/DISQUALIFICATION

REASON SUSPENDED/DISQUALIFIED _____ CITATION NUMBER _____

DATE OF CITATION/NOTICE _____ COUNTY WHERE CITATION/NOTICE WAS ISSUED _____

DRIVER LICENSE NUMBER _____ STATE _____

LICENSE SURRENDERED? _____ TO WHOM? _____ DATE SURRENDERED _____

FULL NAME _____ DATE OF BIRTH _____
FIRST MIDDLE OR MAIDEN LAST

ADDRESS _____
STREET CITY STATE ZIP CODE

HOW LONG AT THIS ADDRESS _____

MAILING ADDRESS(IF DIFFERENT FROM ABOVE) _____

IF THE ABOVE ADDRESS IS A P.O. BOX, RURAL ROUTE, OR
GENERAL DELIVERY, GIVE DIRECTIONS TO RESIDENCE _____

Employed By: _____ Employer's address: _____

Applicant's Telephone: (____) _____ Work (____) _____

IF YOU WISH TO REQUEST A FORMAL OR INFORMAL REVIEW, YOU MUST SUBMIT THIS FORM TO THE BUREAU OF DRIVER IMPROVEMENT OFFICE INDICATED ON YOUR CITATION/ NOTICE, WITHIN 10 DAYS OF THE DATE OF ARREST OR ISSUANCE OF NOTICE OF SUSPENSION/DISQUALIFICATION, WHICHEVER IS LATER. A COPY OF YOUR CITATION MUST ACCOMPANY YOUR REQUEST.

PLEASE INDICATE BELOW WHICH TYPE OF REVIEW YOU ARE REQUESTING:

I AM REQUESTING A FORMAL REVIEW. (At a formal review, a hearing officer is authorized to consider _____ any relevant evidence including the testimony of witnesses. You may wish to refer to sections 322.2615(6) and 322.64(6), Florida Statutes, and Rule 15A-6.013, Florida Administrative Code.)

Estimate of time necessary to present your case _____.

_____ I AM REQUESTING AN INFORMAL REVIEW. (At an informal review a hearing office 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 a hardship (business or employment) license you must complete form HSMV 72306, Application for Hardship License.

Applicant's Signature _____ Date

ALL THE INFORMATION ABOVE MUST BE FILLED-IN COMPLETELY AND LEGIBLY OR YOUR REQUEST WILL NOT BE HONORED.