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 (_____) _____
                       AREA CODE   AREA CODE

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 rele-
vant 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 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 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.

HSMV 78065 (REV. 8/97) S