

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 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

MAILING ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

Applicant's Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE AREA CODE

If you are being represented by an attorney, please indicate their name, address, and telephone number on the line below:

**IF YOU WISH TO REQUEST A FORMAL OR INFORMAL REVIEW, YOU MUST SUBMIT THIS FORM AND A \$25.00 FILING FEE, TO THE BUREAU OF ADMINISTRATIVE REVIEWS 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. MAKE CHECKS PAYABLE TO DDL.**

**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.)

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 78306, Application for Hardship License.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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