STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES BUREAU OF ADMINISTRATIVE REVIEWS

REQUEST FOR ELIGIBILITY REVIEW

Driver Name:	DL#:
and determining my eligibility for immediate restricted basis as provided in section 322.26	615(1)(b)3, Florida Statutes. I understand the defined in section 322.271, Florida Statutes and I
I understand that the restricted license will b imposed under section 322.2615, Florida Sta	
☐ Driving with Unlawful Breath-Alcoho	ol or Blood-Alcohol Level = 6 month suspension
□ Refusal to Submit to a Breath, Blood	or Urine Test = 1 year suspension
	estricted basis as set forth herein is conditioned ng but not limited to enrollment in DUI School.
WAIVER OF FORMAL A	ND/OR INFORMAL REVIEW
I also understand that acceptance of the reinstated driving privilege as provided in section 322.271(7)(c), Florida Statutes, is deemed a waiver of my right to formal and informal review under section 322.2615, Florida Statutes.	
Signature of Driver	Date:
Witness Signature	Date:
Witness Printed Name	
HSMV 72034 (05/2013)	