

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

**REQUEST FOR ELIGIBILITY REVIEW**

Driver Name: \_\_\_\_\_ DL#: \_\_\_\_\_  
(Please print)

I \_\_\_\_\_ hereby request a review of my record for the purpose of  
(Please print)  
reviewing and determining my eligibility for immediate reinstatement of my driving privilege on a restricted basis as provided in section 322.2615(1)(b)3, Florida Statutes. I understand the restriction is for Business Purposes Only as defined in section 322.271, Florida Statutes and I must pay a \$25.00 filing fee for this review, pursuant to section 322.21(9)(a).

I understand that the restricted license will be for the duration of the suspension period imposed under section 322.2615, Florida Statutes, as follows:

Driving with an Unlawful Breath-Alcohol or Blood-Alcohol Level = 6 months suspension

Refusal to Submit to a Breath, Blood or Urine Test = 1 year suspension

Reinstatement of the driving privilege on a restricted basis as set forth herein is conditioned on statutory eligibility requirements, including but not limited to enrollment in DUI School.

**WAIVER OF FORMAL AND/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