

**Florida Department of Highway Safety and Motor Vehicles  
Bureau of Administrative Reviews**

Date received by BAR

**APPLICATION FOR ADMINISTRATIVE HEARING**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle or Maiden Last MM/DD/YYYY

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**I hereby request reinstatement of my driving privilege on a restricted basis as provided in Section 322.271, Florida Statutes.**

By requesting the reinstatement of my driving privilege, I request the Bureau of Administrative Review (BAR) waive the hearing requirement pursuant to Section 322.271(2)(b), Florida Statutes, and determine my eligibility for a restricted license based on this Application and any written evidence/documents I am submitting.

I understand that BAR is not precluded from requiring a hearing for any suspension or revocation that it determines is warranted based on the severity of the offense. If a hearing is required I will be contacted to complete said hearing. I may be required to submit additional documents depending on the type of suspension or revocation on my driving record. I understand that waiver of a hearing is not available for suspensions or revocations that involve death or serious bodily injury, multiple convictions for DUI pursuant to Section 322.27(5), Florida Statutes, or a second or subsequent suspension or revocation pursuant to the same provision of Chapter 322, Florida Statutes.

I understand that I must have enrolled in or completed the applicable driver training course or DUI substance abuse education course and evaluation period as required by Section 322.271(2)(b), Florida Statutes.

**APPLICATION QUESTIONS:** Please answer all the below questions.

1. Why is your driver license suspended, cancelled, or revoked? \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever been issued a driver license in any other state? ☐ Yes ☐ No. If you checked "Yes" to the above question, in which state? \_\_\_\_\_
3. Have you ever had your driver license suspended, cancelled, or revoked in another state or country? ☐ Yes ☐ No. If you checked "Yes" to the above question, in which state or country and for what reason? \_\_\_\_\_  
\_\_\_\_\_
4. Do you understand that if your driver license is currently suspended for an unlawful blood/breath alcohol level or refusal to submit to a breath/urine/blood test, and you are subsequently convicted of DUI in a criminal court, a restricted license received via this Application will no longer be valid? ☐ Yes ☐ No

5. Why are you requesting a restricted license? Please check all boxes that apply.
- ☐ Driving necessary to maintain livelihood
- ☐ Driving to and from work
- ☐ Necessary on-the-job driving required by an employer or occupation
- ☐ Driving for educational purposes
- ☐ Driving for church
- ☐ Other. Please explain: \_\_\_\_\_
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6. Have you ever been convicted of any alcohol related offense in any other state? ☐ Yes ☐ No. If you checked "Yes" to the above question, list the state and the offense. \_\_\_\_\_
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7. Do you understand that if approved for a restricted license, your license will be restricted to driving for Business Purposes Only as defined in Section 322.271(1)(c), Florida Statutes, and will expire on a specific date? ☐ Yes ☐ No

#### ITEMS TO SUBMIT WITH THIS APPLICATION

Please submit a \$12.00 filing fee via check or money order made payable to the **Division of Motorist Services** with this Application. Please do not send cash. Your application will not be considered complete until the filing fee is received. Please submit any written evidence, documents, or statements that you wish BAR to consider when determining whether to grant your request for a restricted license. Please also submit proof of enrollment in or completion of Advanced Driver Improvement or DUI School, as applicable. **If the school is not completed within 90 days of enrollment, your restricted license will be cancelled.**

#### OATH OR AFFIRMATION

I swear or affirm that all information provided above is true and correct. I acknowledge that knowingly making a false statement or concealing a material fact may result in the denial of a restricted license.

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

**PLEASE MAIL YOUR APPLICATION TO THE OFFICE NEAREST TO YOUR RESIDENCE  
PLEASE DIRECT ANY QUESTIONS TO THE SAME OFFICE VIA EMAIL**

| OFFICE           | ADDRESS                                  | EMAIL ADDRESS              |
|------------------|------------------------------------------|----------------------------|
| Clearwater       | 4585 140th Ave N., Suite 1002, 33762     | ClearwaterBAR@flhsmv.gov   |
| Jacksonville     | 7439 Wilson Blvd, 32210                  | JacksonvilleBAR@flhsmv.gov |
| Lauderdale Lakes | 3718-3 W. Oakland Park Blvd, 33311       | LauderdaleBAR@flhsmv.gov   |
| Miami            | 7795 W. Flagler Street, Suite 82C, 33144 | MiamiBAR@flhsmv.gov        |
| Orlando          | 4101 Clarcona-Ocoee Rd, Suite 152, 32810 | OrlandoBAR@flhsmv.gov      |
| Pensacola        | 100 Stumpfield Road, 32503               | PensacolaBAR@flhsmv.gov    |
| Tallahassee      | 2900 Apalachee Pkwy, Room B154, 32399    | TallahasseeBAR@flhsmv.gov  |
| Tampa            | 2814 East Hillsborough Ave, 33610        | TampaBAR@flhsmv.gov        |