

ITEMS TO SUBMIT WITH THIS APPLICATION

Please submit a \$25.00 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 also submit a copy of your Florida DUI Uniform Traffic Citation and proof of enrollment in DUI School. **If the school is not completed within 90 days of enrollment, your restricted license will be cancelled.**

OATH OR AFFIRMATION AND WAIVER OF FORMAL/INFORMAL REVIEW

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. I also understand that acceptance of the reinstated driving privilege is deemed a waiver of my right to a formal or informal review under Section 322.2615, Florida Statutes.

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