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

Date received by BAR

REQUEST FOR ELIGIBILITY REVIEW

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 a review of my driving record for the purpose of determining my eligibility for immediate reinstatement of my driving privilege on a restricted basis as provided in Sections 322.2615(1)(b)3 and 322.271(7), 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 the restricted license will be for the duration of the suspension imposed under Florida law, as follows: Six (6) months for Driving with an Unlawful Breath-Alcohol or Blood-Alcohol Level, or one (1) year for a Refusal to Submit to a Breath, Blood, or Urine Test. Reinstatement of the driving privilege on a restricted basis as set forth herein is conditioned on statutory eligibility requirements, including enrollment in DUI School.

APPLICATION QUESTIONS

Please answer all the below questions.

1. 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? _____

2. 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. _____
_____

3. 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

4. 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 $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	401 NW 2nd Ave, Suite N612, 33128	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 B135, 32399	TallahasseeBAR@flhsmv.gov
Tampa	2814 East Hillsborough Ave, 33610	TampaBAR@flhsmv.gov