#### 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		M/DD/YYYY	
Mailing Add	lress:					
C		Street	City	State	Zip Code	
Driver Licen	se Number:		State:			
Telephone N	lumber: (	) E	mail Address:			
		2.271, Florida Statutes, yodministrative Reviews (BA	-			

#### **OPTION 1: EXPEDITED REVIEW**

- When you select this option, you are requesting BAR waive the requirement that you have a hearing. If a hearing is waived, BAR will review this Application along with any written evidence/documents that you submit in support of your request for a restricted license. BAR will then issue a written decision as to whether your request for a restricted license is granted or denied **WITHOUT** the need for a hearing or any testimony by you.
- Please note that pursuant to Florida law this option 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.<sup>1</sup>
- You 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.

#### **OPTION 2: HEARING REQUEST**

- When you select this option, BAR will review this Application and contact you to conduct a hearing based on the order in which the request for a hearing was received. BAR will consider this Application, any written evidence/documents, and any testimony at your hearing.
- At the hearing, you will be required to testify under oath and answer questions, including questions
  about your driving record and any violations contained therein, and why you should be granted a
  restricted license. BAR will then issue a written decision as to whether your request for a restricted
  license is granted or denied.
- You 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.

HSMV 78306 (Rev. 1/2022)

<sup>&</sup>lt;sup>1</sup> 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.

# **OPTION SELECTION** Please check only **ONE** of the following two options. I request an **EXPEDITED REVIEW**. I request that 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 with this Application in determining whether my request for a restricted license is granted or denied. I understand that BAR is not precluded from requiring a hearing and if a hearing is required I will be contacted. I request a **HEARING**. I request that BAR determine my eligibility for a restricted license based on this Application, the sworn testimony I will provide, and/or any written evidence/documents I am or will submit in determining whether my request for a restricted license is granted or denied. I understand I will be contacted for a hearing and that hearings are conducted based on the order in which requests are received. **APPLICATION QUESTIONS** Regardless of your selection above, please answer all the below questions. 1. Why is your driver license suspended, cancelled, or revoked? \_\_\_\_\_\_ 2. 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?\_\_\_\_ 3. 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 4. If you checked "Other", please explain your need to drive: 5. 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.

criminal court, a restricted license received via this Application will no longer be valid? 

Yes 

No

6. 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

7. Do you understand that if approved for a restricted license, Business Purposes Only as defined in Section 322.271(1)(c date?   Yes  No	
CHECKLIST OF ITEMS TO SUBMIT WITH THIS APP Please submit a \$12.00 filing fee via check or money or Services. Please enclose payment with this application. Please considered complete until the filing fee is received.	der made payable to the Division of Motorist
Any written evidence, documents, or statements that you we to grant your request for a restricted license.	vish BAR to consider when determining whether
Proof of enrollment in or completion of Advanced Driver the school is not completed within 90 days of enrollment, you	
OATH OR AFFIRMATION I hereby request reinstatement of my driving privilege on a reflorida Statutes. I understand the restriction is for Business Pupursuant to statute. I additionally understand that reinstateme conditioned on meeting all statutory eligibility requirements completion of Advanced Driver Improvement or DUI School I swear or affirm that all information provided above is true and a false statement or concealing a material fact may result in the	arposes Only and I must pay a \$12.00 filing fee, nt of the driving privilege as set forth herein is, including but not limited to enrollment in or as applicable, and payment of all required fees. I acknowledge that knowingly making
Signature of Driver:	_ Date:
Signature of Witness:	_ Date:
Printed Name of Witness:	_

## PLEASE MAIL YOUR APPLICATION TO THE OFFICE NEAREST YOUR RESIDENCE

# FOR QUESTIONS, PLEASE CONTACT THE OFFICE NEAREST YOUR RESIDENCE VIA EMAIL

OFFICE	ADDRESS	EMAIL ADDRESS	PHONE
Clearwater	4585 140th Ave N., Suite 1002, 33762	ClearwaterBAR@flhsmv.gov	(727) 507-4405
Jacksonville	7439 Wilson Blvd, 32210	JacksonvilleBAR@flhsmv.gov	(904) 777-2132
Lauderdale Lakes	3718-3 W. Oakland Park Blvd, 33311	LauderdaleBAR@flhsmv.gov	(954) 677-5800
Miami	7795 W. Flagler Street, Suite 82C, 33144	MiamiBAR@flhsmv.gov	(305) 265-3001
Orlando	4101 Clarcona-Ocoee Rd, Suite 152, 32810	OrlandoBAR@flhsmv.gov	(407) 445-5581
Pensacola	100 Stumpfield Road, 32503	PensacolaBAR@flhsmv.gov	(850) 494-5728
Tallahassee	2900 Apalachee Pkwy, Room B154, 32399	TallahasseeBAR@flhsmv.gov	(850) 617-2449
Tampa	2814 East Hillsborough Ave, 33610	TampaBAR@flhsmv.gov	(813) 276-5795