Florida Department of Highway Safety & Motor Vehicle Bureau of Administrative Reviews REQUEST FOR ELIGIBILITY REVIEW

Driver's Full Nam	e		Telephone Number ()		
	First	Middle or Maiden	1	Last	
Address					
	Street		City	State	Zip Code
Driver License Nu	mber		State		
					etermining my eligibility for2615(1)(b)3, Florida Statutes. I
	restriction is f	or Business Purposes Onl			statutes and I must pay a \$25.00 filing
		d license will be for the d revoked by the court, as		suspension period imposed	under section 322.2615 Florida,
Drivin	g with an Unl	awful Breath-Alcohol or	Blood-Alcoho	Level = 6 months suspens	ion
Refusa	al to Submit to	a Breath, Blood or Urine	e Test = 1 year	suspension	
		privilege on a restricted but but school problement in DUI School		h herein is conditioned on	statutory eligibility requirements,
		WAIVER OF FO	ORMAL AND	OR INFORMAL REVIE	<u>CW</u>
				s provided in section 322.2 al review under section 32	
Signature of Dr	river			Date	
Witness Signat	ure				
Witness Printed	l Name			Date	

Office Hours - Monday through Friday 8:00 a.m. to 5:00 p.m.

City	Address	Office Number	Fax Number
Clearwater	4585 140th Avenue North, Suite 1002	(727) 507-4405	(727) 507-4406
Jacksonville	7439 Wilson Boulevard	(904) 777-2132	(904) 777-2133
Lauderdale Lakes	3718-3 W. Oakland Park Blvd	(954) 677-5800	(954) 714-3550
Miami	7795 W. Flagler Street, Suite 82C	(305) 265-3001	(305) 265-3063
Orlando	4101 Clarcona-Ocoee Road, Suite 152	(407) 445-5581	(407) 445-5584
Pensacola	100 Stumpfield Road	(850) 494-5728	(850) 494-5837
Tallahassee	2900 Apalachee Parkway Room B-154	(850) 617-2449	(850) 617-5077
Tampa	2814 East Hillsborough Avenue	(813) 276-5795	(813) 231-0817