



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Print Form

Special Review Awareness

Print and mail this completed application to Driver and Vehicle Services, 445 Minnesota Street - Ste. 170, St. Paul, Minnesota 55101-5170. It may also be faxed to 651-282-2463.

- If you have questions or need additional information, please contact DVS at 651-296-2025.
- Minnesota Rule 7503.1250 requires individuals with multiple alcohol and/or controlled substance offenses on their driving record to complete and return the following notice, in addition to meeting all other reinstatement requirements.
- **You may not drive until you receive a reinstatement notice!**

DL Number (OMIT DASHES)

Driver's Date of Birth (mm/dd/yy)

PRINT OR TYPE:

I,

Name (FIRST, MIDDLE, LAST)

understand that any alcohol or controlled substances-related incident, not currently a part of my Minnesota driving record, may result in the cancellation and denial of all driving privileges (including limited privileges for work) in the State of Minnesota.

Signature

Witnessed by:

Subscribed and sworn to before me this _____ day of _____ 20 _____

NOTARY PUBLIC _____

COUNTY: _____
MY COMMISSION EXPIRES _____

Witness may be a representative of the Department of Public Safety or a Notary Public.