



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Last Use Statement

This form can be faxed to (651) 797-1299. You may also bring this form to any Driver Exam Station (Visit the DVS Website for all Office Locations) or mail this form to Driver and Vehicle Services, Ignition Interlock Unit, 445 Minnesota Street, Suite 177, St. Paul, Minnesota 55101. For questions, contact DVS at (651) 296-2948 or visit dvs.dps.mn.gov.

First Name Middle Name Last Name Date of Birth

Address City/State/Zip

Daytime Phone Number Driver's License Number

- 1. I attest that I last consumed any drink or product containing alcohol or controlled substances on:
2. I acknowledge that I may not operate a motor vehicle until I am informed by the Minnesota Department of Public Safety that my driving privilege has been reinstated full or conditionally or I have been issued a limited license (if eligible).
3. I acknowledge that all of the documents I have submitted become the property of the Minnesota Department of Public Safety.
4. I acknowledge that my driver's license will contain a restriction that I may not consume any drink or product containing alcohol or controlled substances at any time. This restriction is subject to removal in accordance with M.S. 171.09.
5. I acknowledge that to maintain my privilege to drive and while my driver's license contains the abstaining restriction, I may not consume any drink or product containing alcohol or controlled substances, even when not operating or in physical control of a motor vehicle.
6. I acknowledge that the Commissioner of the Minnesota Department Public Safety will cancel and deny my privilege to drive if there is sufficient cause to believe that, after the abstinence date I have attested to above, I have consumed any drink or product containing alcohol or controlled substances.

Signatures must be witnessed by a Notary Public or representative of the Department of Public Safety:

Witnessed by: Date:
Representative of DPS Notary Public

Subscribed and sworn to before me this ___ day of ___ 20 ___
NOTARY PUBLIC:
COUNTY:
MY COMISSION EXPIRES:

Any information supplied on this form is required by Minnesota Statutes, Chapter 171, & Minnesota Rule 7503. You may refuse to provide this information. However, if you do, your driving privilege will be denied. The information will be used by authorized Driver and Vehicle Services Division personnel. It will be used to determine your eligibility for a Minnesota Driver License or driving privilege in this state.