



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Special Review Awareness

Print and mail, or return in person, this completed application to Driver and Vehicle Services, 445 Minnesota Street - Suite 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!***
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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 cancelation and denial of all driving privileges (including limited privileges for work) in the State of Minnesota.

X

Signature

Date (mm/dd/yy)

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.