

Revoked License Reinstatement Form

Personal Information

Full Name:

Date of Birth:

Current Address:

Phone Number:

Email Address:

License Information

Driver's License Number:

Date of Revocation:

Reason for Revocation:

Certification

I hereby request the reinstatement of my revoked driver's license. I certify that the information above is true and accurate to the best of my knowledge.

Signature:

Date:

Submit