

# 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**