

Eligibility Requirements - Follow all instructions. Incomplete applications will be returned.

Call before submitting this revocation application to determine if you are eligible for reinstatement:
Phoenix 602-255-0072, Tucson 520-629-9808, elsewhere in Arizona 800-251-5866
(Hearing/Speech Impaired-TDD systems only: Phoenix 602-712-3222, elsewhere 800-324-5425)

You must meet all of the following criteria before you may submit this revocation application:

1. Your revocation period has ended. For violations of failure to stop and render aid at the scene of an accident involving death, at least five years of your revocation period has elapsed.
2. If your driving privilege was also suspended, the suspension period must also have ended.
3. If your driving privilege was suspended¹ as a result of a judgment² filed against you in court (e.g., for damages arising from a motor vehicle accident), you must provide written consent or the court in which the judgment was filed may provide a document indicating that the judgment was satisfied.
4. Arizona will not grant reinstatement of your Arizona driving privilege if your driving privilege is withdrawn, revoked or suspended in another state.
5. If you have any traffic complaints/violations against you, you must first resolve all court requirements and obtain a written satisfaction from the courts.
6. If you have been convicted of any traffic violations within the preceding 12 months, we are not authorized to accept your application for reinstatement until 12 months have passed since the date of the violations.

Form Instructions – Follow All Instructions

1. Provide complete answers to all questions. **Do not leave spaces blank.**
2. Read Authorization to Release Information, then sign and date.
3. For revocations **not related** to alcohol or drugs, mail *only* the customer portion of the application to Mail Drop 530M, Driver Improvement Unit, Motor Vehicle Division, P O Box 2100, Phoenix, AZ 85001-2100. The substance abuse evaluation portion will not be needed.

Substance Abuse Evaluation portion – alcohol/drug related revocations only

1. Application shall be received within **90 days** after the date it was signed by an approved evaluator.
2. During the substance abuse evaluation you must disclose **ALL** DUI, alcohol and drug related offenses (traffic, criminal and out-of-state).
3. This form must be completed by an approved evaluator.

¹ A “mandatory insurance” or “financial responsibility” suspension generally results from the failure to maintain required minimum levels of insurance on a vehicle titled and registered in your name. Whether the suspension is court-ordered or the result of MVD action, a reinstatement fee will be due at the end of the suspension period. If it is a court-ordered suspension, we must receive written consent or a clearance letter from the court before driving privileges can be reinstated. Other actions may also be required, depending on the nature of the suspension.

² An SR-22 is a form of high-risk insurance, or proof of future financial responsibility, which may be required in some insurance-related actions. SR-22 insurance may be purchased from any insurance company authorized to do business in Arizona.

4. **The approved evaluator must submit the original application to MVD and a copy of their professional certification/license.**
5. You are responsible for any expenses required to complete the substance abuse evaluation.

MVD Review – All information is reviewed and you will be notified in writing of the final decision.

Approved Evaluator – The substance abuse evaluation must be completed by one or more of the following:

- Substance abuse counselor who is nationally certified, certified by the Arizona Board of Behavioral Health Examiners or by a comparable board in another state
- Substance abuse counselor who is employed by the federal government and who is practicing in this state
- Psychologist or physician who is licensed to practice in this state, or in any other state
- Psychologist or physician who is employed by the federal government and who is practicing in this state

For a list of approved evaluators visit the Motor Vehicle Division website at www.azdot.gov/MVD/Driver-Services/Driver-Improvement/Screening-and-counseling-resources or refer to a telephone yellow page directory under Counselor or Alcoholism.

Criminal Restitution Certificate – failure to stop at a fatal accident revocations only

1. This form must be completed by Court Clerk, Arizona Department of Corrections Parole or Probation Officer, or Judge.
2. You are responsible to have verified that at least 5 years of your revocation period has elapsed.



Motor Vehicle Division

99-0139 R01/19 azdot.gov

Mail Drop 530M
Driver Improvement Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

REVOCATION APPLICATION

TO BE FILLED OUT BY CUSTOMER

| | | |
|------------------------------------------------------------|-----------------------|---------------|
| Customer (printed) Full Name (first, middle, last, suffix) | Driver License Number | Date of Birth |
|------------------------------------------------------------|-----------------------|---------------|

Yes No Have you been convicted of any traffic violations in Arizona within the last 12 months? If yes, please provide date(s) of violation(s)

| | | |
|------------------------------------------------|------------------------------------------------|------------------------------------------------|
| Violation and Date (within the last 12 months) | Violation and Date (within the last 12 months) | Violation and Date (within the last 12 months) |
|------------------------------------------------|------------------------------------------------|------------------------------------------------|

Authorization to Release Information

| |
|-------------------------|
| Approved Evaluator Name |
|-------------------------|

I hereby authorize the approved evaluator to release to the Motor Vehicle Division any information that is pertinent to my ability to safely operate a motor vehicle, and authorize the Motor Vehicle Division to release to the approved evaluator any actions taken on my Arizona driving record before and after the investigation.

| | |
|--------------------|------|
| Customer Signature | Date |
|--------------------|------|

Note: Our letter will be mailed out to your most current address on file. If you would like to change or update your address please visit ServiceArizona.com.

TO BE FILLED OUT BY AN APPROVED EVALUATOR - DUI Alcohol/Drug Related Revocations Only

In accordance with Arizona Revised Statute 28-3315, the above applicant must undergo an evaluation to determine whether the applicant's condition(s) affects or impairs the applicant's ability to safely operate a motor vehicle and the Motor Vehicle Division may rely on your opinion regarding this applicant.

Motor Vehicle Division uses your evaluation for public safety reasons, you should not base your evaluation or opinion on the applicant's asserted need or desire for license reinstatement.

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Based on my evaluation, it is my opinion that the condition of the applicant: <input type="checkbox"/> Does <input type="checkbox"/> Does Not affect his or her ability to safely operate a motor vehicle. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I certify that I meet one of the approved evaluator requirements (see approved evaluator instructions).

| | | | |
|------------------------------|-------------------------------------------|-------|--------------------------|
| Printed Evaluator Name | Title | | |
| Program Name (if applicable) | | | |
| Mailing Address | City | State | Zip |
| Phone () | Professional Certification/License Number | | Cert/Lic Expiration Date |

| | |
|---------------------|------|
| Evaluator Signature | Date |
|---------------------|------|

The **completed original** of this form, along with a **copy of the professional certification/license**, must be received by the Motor Vehicle Division, at the address listed below, within 90 days of the signature date, and a copy provided to the applicant.

MAIL DROP 530M
DRIVER IMPROVEMENT UNIT
MOTOR VEHICLE DIVISION
PO BOX 2100
PHOENIX AZ 85001-2100



Motor Vehicle Division

99-0139 R01/19 azdot.gov

Mail Drop 530M
Driver Improvement Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

CRIMINAL RESTITUTION
CERTIFICATE

Must be completed in full

by Court Clerk, Arizona Department of Corrections Probation Officer, or Judge.

Form with fields: Application Name (first, middle, last, suffix), Driver License Number, Date of Birth, Street Address, City, State, Zip, Court Docket Number, Violation Date

The applicant was convicted of failure to stop at an accident involving death under ARS 28-661.

This offense resulted in a 10 year revocation of driving privilege. After five years, the applicant may apply for a restricted privilege for the remainder of the ten years.

Yes No Did the court impose monetary sanctions on the applicant?

Yes No Has the applicant paid full restitution?

Form with fields: Court Clerk, Probation Officer, or Judge Signature, Phone, Date, Printed Name, Title