

REQUEST FOR HEARING OR MODIFIED DRIVER'S LICENSE

INSTRUCTIONS:

FILL OUT THE FORM COMPLETELY. MAIL YOUR COMPLETED FORM TO DPS LEGAL DIVISION, P.O. BOX 11415 (or hand-deliver to 3600 Martin Luther King Ave), OKLAHOMA CITY, OKLAHOMA 73136-0415. THE LEGAL DIVISION WILL CONSIDER YOUR REQUEST AND NOTIFY YOU OF THEIR DECISION. A FEE OF ONE HUNDRED SEVENTY-FIVE DOLLARS (\$175.00) IS REQUIRED IF A MODIFIED LICENSE IS ISSUED.

APPLICANT INFORMATION

(PLEASE PRINT OR TYPE)

FULL NAME: _____ SSN: _____

DATE OF BIRTH: _____ DRIVER LICENSE NO.: _____

STREET ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

HOME PHONE NO.: _____ BUSINESS PHONE NO.: _____

ARREST INFORMATION

DATE OF ARREST: _____ TESTED: _____ REFUSED: _____ BLOOD: _____

NAME OF ARRESTING OFFICER: _____

ARRESTING AGENCY: _____

DID YOU SURRENDER YOUR LICENSE AT THE TIME OF ARREST? YES ___ NO ___

___ THIS REQUEST IS FOR A HEARING

___ THIS REQUEST IS FOR A MODIFIED DRIVER'S LICENSE

SIGNATURE OF INDIVIDUAL OR
REPRESENTING ATTORNEY

DATE OF REQUEST

COMPLETE THIS SECTION ONLY IF AN ATTORNEY WILL REPRESENT YOU IN OBTAINING A LICENSE OR IN THE DEPARTMENT HEARING.

ATTORNEY INFORMATION

ATTORNEY'S NAME: _____

MAILING ADDRESS: _____

PHONE NO.: _____ FAX NO.: _____

email address here