

REQUEST FOR DRIVER LICENSE APPEAL HEARING

Your driving privilege has been restricted, suspended, revoked, canceled, or denied because of the information shown on the back of this page.

To request a driver license appeal hearing, complete this form and mail or fax it to: Administrative Hearings Section, P.O. Box 30196, Lansing, MI 48909-7696. Fax: (517) 335-2190 or (517) 335-2189.

Note: Appeals from driver assessment actions, branch office denials and license cancellations must be submitted within 14 days of the action.

FULL NAME		
(As it appears on your license, please prin	t)	
Present Address		
City of Residence	Zip Code	Birthdate
License Number	Telephone (8 am to 5	pm)
I REQUEST A	DRIVER LICENSE APPEA	AL HEARING
Signature	Date	

IMPORTANT INFORMATION FOR APPEALS RELATED TO SUBSTANCE ABUSE

If you are appealing a suspension or revocation based upon one or more substance abuse convictions, or driving activity that is related to a substance abuse problem, you **must** also submit a current substance abuse evaluation. The evaluation must be dated no more than 90 days prior to receipt in this office.

You may also be required to provide proof of 12 or more months of abstinence from alcohol and/or other substances. Additional documentation may include the following:

- > Three to six community support letters.
- Evidence of attendance at support meetings.
- Ignition Interlock final report (applicable if you were granted restrictions at a previous hearing and ordered to install the device. Obtain this report from the interlock company).

To obtain a substance abuse evaluation form and instructions, or to get more information regarding the driver license appeal hearing, the requirement to submit a substance abuse form, and your eligibility date, call 1-888-SOS-MICH (1-888-767-6424) or visit our website at www.michigan.gov/sos.

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