Date received by B.A.R

Florida Department of Highway Safety & Motor Vehicles Bureau of Administrative Reviews

A DDI TOATION FOD	A DAZINICADA	TIME HEADING
APPLICATION FOR	ADVIDISTRA	LIVE HEAKING

Name				_ Date of Birth	
Name First	Middle or M	Maiden	Last		Month/Day/Year
ling Address					
g 11001000	Street	Cir	ty	State	Zip Code
van Liaanaa Numban		State			
er License Number		State			
olicant's Telephone N	Number: Residence ()	Work ()	
ASON SUSPENDED	OR REVOKED				
Y DO YOU NEED '	ГО DRIVE?				
knowledge that to kn	owingly make a false stat	ement or conceal a materia	ll fact is fraud and may re	esult in the denial o	f a hardship license.
gnature of Applicant					Date
, 11					
	Office Hou	ırs - Monday throug	gh Friday 8:00 a.m.	to 5:00 p.m.	
	City	Address	Office Numb		
	Clearwater	4585 140th Avenue North,			
	Jacksonville	7439 Wilson Boulevard	(904) 777-21		
	Lauderdale Lakes	3718-3 W. Oakland Park B			
	Miami	7795 W. Flagler Street, Sui			
	Orlando	4101 Clarcona-Ocoee Road			
	Pensacola Tallahassee	100 Stumpfield Road 2900 Apalachee Parkway R	(850) 494-57 oom B-154 (850) 617-24		
		2814 E Hillsborough Avenu			
	Tampa	2014 E Hillsborough Avenu	le (813) 270-37	93 (813) 231-081	
ension and/or revocation		omplete, the appropriate Drive	of a suspended and/or revol	ked driving privilege	prior to the expiration of such cation course. You may call
	VOII MIIST PDESI	ENT THE ITEMS MARKEI	D RELOWAT THE TIME	OF THE HEADIN	C·
COMPLETION		vement (ADI) <u>OR</u> Driving Un			u.
		vement (ADI) <u>OR</u> Driving Un of enrollment, your driving p		hool (CIRCLE ONE)	
OTHER:					
**If eligible, unc	on request, a telephone heari	ng may be available which wi	I be determined by the heari	ing officer. Please ca	Il your nearest office listed ah

HSMV 78306 (Rev. 12/13) 15A-1.019, F.A.C.