Request for
Decertification from Habitual Offender Revocation

Today's Date _____

MY NAME IS: _____

DATE OF BIRTH: _____
month day year

SSN (optional): _____

ADDRESS: _____ _____
Street City/Town Zip Code Mailing Address (if Different)

I REQUEST A HEARING FOR THE FOLLOWING REASON:

To review my habitual offender order and to determine if that order can be removed, and I may be decertified. If granted, I ask that a review of the requirements that need to be met to have my driving privileges restored be determined.

MY SIGNATURE: X _____