



REQUEST FOR REPRIEVE LETTER

Name: _____ DOB: _____ Today's Date: _____
PLEASE PRINT Last First Middle Name

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ DUI Program: Level I Level II FSC ID #: _____

Date of DUI Arrest: _____ Enrollment Date: _____ Evaluation Date: _____

Initial each statement below:

DHSMV established Application Fee: \$10.00 Money Order (payable to FSC)
+ \$ 1.50 if using either Credit/Debit Card

I understand that I failed to enter and / or complete treatment as referred and required by my Florida Safety Council DUI Program evaluation.

I understand that I have complied with the treatment referral by selecting _____ for my treatment, which is an approved Florida DCFS licensed provider, *Treatment Agency's / Provider's name* or has received clearance by the Florida Safety Council to provide treatment services.

I understand that the treatment provider must send status documentation that I am ACTIVE / I am COMPLYING with the treatment agency's recommendations. Failure to receive status updates could impact Reprive Letter status. Information on my status will only be accepted if sent directly, or delivered in person, by the provider.

I understand that I will be provided with the original Reprive Letter and I AM REQUIRED to take the Reprive Letter to the Florida Department of Highway Safety & Motor Vehicles (DHSMV) / Tax Collector Office to apply for my license. This Letter is VALID for only 30 days from date issued. If I no longer live in Florida, I will arrange for the original Reprive Letter's submission to the Florida DHSMV, Bureau of Motorist Compliance, in Tallahassee, FL.

I understand that the Reprive Letter is not to be interpreted as a license to drive. The Florida Safety Council does not issue driver licenses, only the Department of Highway Safety & Motor Vehicles / Tax Collector Office can issue driver licenses. FSC is not responsible for any other holds which might delay the issuance of a Driver License, such as unpaid fines, reinstatement fees, Ignition Interlock, or Insurance requirements.

I understand that the Treatment provider may determine I am not in compliance with their recommendations. If so, the Reprive Letter will be cancelled, and notice will be sent to DHSMV. Possible non-compliance may include, but is not be limited to, the following:

Discharge due to:

- abandonment of treatment – failure to contact or to attend
- positive drug urine screens
- continued alcohol use
- non-compliance with treatment plan requirements
- inappropriate behavior that leads to dis-enrollment by the provider
- failure to disclose prior treatment involvement
- a documented risk that would make it unsafe for my license to be reinstated
- failure to report a new DUI charge or alcohol/substance related offense

Mail with Payment to:
 Florida Safety Council - DUI
 1505 East Colonial Drive
 Orlando, FL 32803
Fax for Phone Payment to:
 407-897-4471 if paying with
 Credit/Debit Card (+1.50 fee)

I understand that per Florida Statutes 316.193(5) and 316.192(5), if I fail to complete treatment once this letter is issued, my license will be cancelled by the DHSMV. I will not be eligible for another Reprive Letter or Hardship License. Once cancelled, I will not be eligible for any type of license until: 1) I complete treatment requirements as prescribed by the treatment provider I selected; 2) the DUI Program receives a completion Narrative Discharge Summary to validate; 3) Completion Status is then reported to the DHSMV; and, 4) the DHSMV applies the completion to my Florida Driver License record.

My signature indicates that I understand the requirements as outlined and initialed above.

Client Signature: _____ Date: _____

_____ FSC Staff Signature _____ Date _____