

NOTICE OF COMMERCIAL DRIVER'S LICENSE/ PRIVILEGE DISQUALIFICATION

Pursuant to s. 322.64, F.S., these notices are to be issued only to persons:

- operating or in actual physical control of a COMMERCIAL MOTOR VEHICLE who refuse to submit to a breath, blood or urine test authorized in s. 322.63, F.S., and NO citation is issued for a violation of s. 316.193, F.S. This notice may be issued together with a citation for a violation of s. 322.62, F.S.
- who hold a COMMERCIAL DRIVER LICENSE, and are operating or in actual physical control of a non-commercial motor vehicle with an unlawful breath or blood alcohol level of .08 or higher, and are issued a citation for a violation of s. 316.193, F.S.

The following documents must be forwarded to one of the hearing offices of the Department of Highway Safety and Motor Vehicles, Division of Driver Licenses, Bureau of Administrative Reviews, listed on the reverse side of officer-agency copy of notice. These documents must be submitted within FIVE CALENDAR DAYS after the date of disqualification.

1. Hearing officer's copy of disqualification notice (HSMV 78005). (Do not list on transmittal form.)
2. Refusal to submit to a breath, blood or urine test affidavit (HSMV 78005)
3. Driver's license, if surrendered.

Distribution

White	–	DHSMV Hearing Officer's	Copy
Yellow	–	Driver's	Copy
Pink	–	Officer-Agency	Copy

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF DRIVER LICENSES

Notice of Commercial Driver's License / Privilege Disqualification – Section 322.64, F.S.

COUNTY OF _____		<input type="checkbox"/> F.H.P.		<input type="checkbox"/> P.D.		<input type="checkbox"/> F.O.		<input checked="" type="checkbox"/> OTHER	
CITY (IF APPLICABLE) _____		AGENCY _____							
DAY OF WEEK _____		MONTH _____		DAY _____		YEAR _____		A.M. P.M.	
NAME (PRINT) _____		FIRST _____		MIDDLE _____		LAST _____			
STREET _____		IF DIFFERENT THAN DRIVER LICENSE CHECK HERE _____							
CITY _____						STATE _____		ZIP CODE _____	
TELEPHONE NUMBER _____		DATE OF BIRTH MONTH _____		DAY _____		YEAR _____		RACE _____	
								SEX _____	
								HEIGHT _____	
DRIVER LICENSE NUMBER _____		STATE _____		TYPE _____		RESTRICT _____		ENDORSE _____	
								YEAR LICENSE EXP. _____	
YEAR VEHICLE _____		MAKE _____		STYLE _____		COLOR _____			
VEHICLE TAG NUMBER _____				STATE _____		YEAR TAG EXPIRE _____			
UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION NAMELY: _____									

Was operating or in actual physical control of a commercial motor vehicle and did refuse to submit to a breath, blood or urine test authorized in s. 322.63, F.S. Effective this date, your commercial driver's license / privilege is disqualified for a period of one year, for a first refusal, or permanently if previously disqualified as a result of a refusal to submit to such test arising from the operation or actual physical control of a commercial motor vehicle.

CDL holder driving with unlawful blood or breath alcohol level. Effective this date, your commercial driving privilege is disqualified for one year for the first offense or permanently if you have been previously disqualified under s. 322.64, F.S.

License Surrendered? Yes No Reason _____

Eligible for Permit? Yes No Reason _____

Unless ineligible, this notice shall serve as a temporary driver's license and will expire at midnight on the 10th day following the date of this notice; however, you have been placed out-of-service pursuant to s. 322.62, F.S. This permit does not authorize you to operate a commercial motor vehicle.

At the _____ DHSMV Hearing Office, you may request, within 10 calendar days after the date of this notice, a review of disqualification by the Department of Highway Safety and Motor Vehicles. See reverse side.

Signature of Driver

Description of facts supporting officer's belief that driver was operating or in actual physical control of a CMV with any alcohol, chemical substance, or controlled substance in his/her body, including any citation issued to the driver:

(Attach additional sheet if necessary)

Rank and Signature of Officer _____ Badge # _____ ID# _____ Troop/Unit _____

WHITE – DHSMV Hearing Officer's Copy YELLOW – Driver's Copy PINK – Officer - Agency Copy

FINAL ORDER

This serves as a notice of final order of license disqualification effective on the date it was issued to you. You may request a formal or informal review of the disqualification as follows:

INFORMAL REVIEW

If you want the department to conduct an informal review, you must request such review at the location indicated on the reverse side. Your request must be submitted in writing within ten calendar days after the date of disqualification, and include your complete name, address, date of birth, driver license number, residence and work telephone numbers, date of issuance of notice of disqualification, and county where disqualification occurred. This review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.

FORMAL REVIEW

If you want to be heard or present witnesses in regard to this disqualification, you must request a formal review at the location indicated on the reverse side. Your request must be submitted in writing within ten calendar days following the date of disqualification and include your complete name, address, date of birth, driver's license number, residence and work telephone numbers, date of issuance of notice of disqualification and county where the disqualification occurred. If you need reasonable facility accommodations due to a disability in order to appear for a hearing, include this information in your request. You will be advised of the review hearing date.

As a result of the informal or formal review, the hearing officer shall determine by a preponderance of the evidence whether sufficient cause exists to sustain, amend, or invalidate the disqualification. Appeal of the Hearing Officer's decision may be initiated by filing a Petition for Writ of Certiorari to the Circuit Court within 30 calendar days of the order as specified in s. 322.31, F.S.

FAILURE TO REQUEST A REVIEW WITHIN THE 10 DAY PERIOD SHALL RESULT IN THE WAIVER OF YOUR RIGHT TO A REVIEW OF THE DISQUALIFICATION.

LOCATION OF DHSMV HEARING OFFICES

1. 7282 Plantation Road, Suite 406
Pensacola, FL 32504-6331
2. 504-A Capital Circle S.E.
Tallahassee, FL 32301-3817
3. 237 W. 15th Street (Lincoln Center)
Panama City, FL 32401-2230
4. 2815 N.W. 13th Street, Suite 302
Gainesville, FL 32609-2861
5. 7439 Wilson Blvd., Room #9
Jacksonville, FL 32219-3597
6. 4585 140th Avenue N., Suite 102
Clearwater, FL 33762
7. 2814 East Hillsborough Avenue
Tampa, FL 33610-4479
8. 4048 Evans Avenue, Suite 305
Ft. Myers, FL 33901
9. 4101 Clarcona-Ocoee Road, Ste. 152
Orlando, FL 32810-4221
10. 995 Orange Avenue
Daytona Beach, FL 32114-4663
11. 290 East State Road 434
Winter Springs, FL 32708
12. 2325 S. Babcock Street
Melbourne, FL 32901-7121
13. 3220 S. Federal Hwy., Suite 8
Ft. Pierce, FL 34982-8105
14. 6801 Lake Worth Road, Suite 230
Lake Worth, FL 33467
15. 3708 W. Oakl and Park Blvd.
Lauderdale Lakes, FL 33311
16. 2515 W. Flagler Street
Miami, FL 33135-1422

The following documents must be forwarded to one of the hearing offices of the Department of Highway Safety and Motor Vehicles, Division of Driver Licenses, Bureau of Administrative Reviews listed below within five calendar days after date of disqualification.

1. Hearing Officer's copy of disqualification notice.
2. Refusal to submit to a breath, urine or blood test affidavit.
3. Driver's license, if surrendered.

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Miami, FL 33135-1422 |
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Listed below is the appropriate city location of the Hearing Office for each County wherein the disqualification is issued. Upon determining the city location, refer to the above listing for the complete address of the Hearing Office

Alachua	Gainesville	Lake	Orlando
Baker	Gainesville	Lee	Ft. Myers
Bay	Panama City	Leon	Tallahassee
Bradford	Gainesville	Levy	Gai nesville
Brevard	Melbourne	Liberty	Tallahassee
Broward	Lauderdale Lakes	Madison	Tallahassee
Calhoun	Panama City	Manatee.....	Clearwater
Charlotte.....	Ft. Myers	Marion	Gainesville
Citrus	Tampa	Martin	Ft. Pierce
Clay	Jacksonville	Monroe	Miami
Collier	Ft. Myers	Nassau	Jacksonville
Columbia	Gainesville	Okaloosa	Panama City
Dade	Miami	Okeechobee	Ft. Pierce
De Soto	Clearwater	Orange.....	Orlando
Dixie	Gainesville	Osceola.....	Orlando
Duval	Jacksonville	Palm Beach	Lake Worth
Escambia	Pensacola	Pasco	Clearwater
Flagler	Daytona Beach	Pinellas	Clearwater
Franklin	Tallahassee	Polk	Tampa
Gadsden	Tallahassee	Putnam	Gainesville
Gilchrist	Gainesville	St. Johns	Gai nesville
Glades	Ft. Myers	St. Lucie	Ft. Pierce
Gulf	Panama City	Santa Rosa	Pensacola
Hamilton	Gainesville	Sarasota	Clearwater
Hardee	Clearwater	Seminole	Winter Springs
Hendry	Ft. Myers	Sumter	Orlando
Hernando	Tampa	Suwannee	Gainesville
Highlands	Clearwater	Taylor	Tallahassee
Hillsborough.....	Tampa	Union	Gai nesville
Holmes	Panama City	Volusia	Daytona Beach
Indian River	Ft. Pierce	Wakulla	Tallahassee
Jackson	Panama City	Walton	Panama City
Jefferson.....	Tallahassee	Washington	Panama City
Lafayette.....	Gainesville		