

**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"/> S.O.		<input type="checkbox"/> OTHER	
CITY (IF APPLICABLE) _____		AGENCY _____							
DAY OF WEEK _____	MONTH _____	DAY _____	YEAR _____	A.M.		P.M.			
NAME (PRINT) FIRST _____		MIDDLE _____		LAST _____					
STREET _____ <small>IF DIFFERENT THAN DRIVER LICENSE CHECK HERE</small>									
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 EXPIRES _____				
UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION NAMELY: _____ _____									

CDL holder or commercial motor vehicle operator did refuse to submit to a breath, blood or urine test authorized in s. 322.63, or 316.1932, F.S. Effective this date, your commercial driving privilege is disqualified for one year for the first offense or permanently if you have been previously disqualified pursuant to s. 322.64, F.S.

CDL holder or commercial motor vehicle operator driving with unlawful blood or breath alcohol level of .08 or higher. Effective this date, your commercial driving privilege is disqualified for one year for the first offense or permanently if you have been previously disqualified pursuant to 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. This permit does not authorize you to operate a commercial motor vehicle.

At the _____ Bureau of Administrative Review Office, you may request a review of disqualification by the Department of Highway Safety and Motor Vehicles within 10 days of the date of this notice. See reverse side for information.

Signature of Driver

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

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