



Motor Vehicle Division

99-0139 R04/18 azdot.gov

Mail Drop 530M
Driver Improvement Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

REVOCATION INVESTIGATION PACKET

Eligibility Requirements - Follow all instructions. Incomplete packets will be returned.

Call before submitting this packet to determine if you are eligible for reinstatement:
Phoenix 602-255-0072, Tucson 520-629-9808, elsewhere in Arizona 800-251-5866
(Hearing/Speech Impaired-TDD systems only: Phoenix 602-712-3222, elsewhere 800-324-5425)

You must meet all of the following criteria before you may submit this investigation packet:

1. Your revocation period has ended. Or, for violations of failure to stop and render aid at the scene of an accident involving death, at least five years of your revocation period has elapsed.
2. If your driving privilege was also suspended, the suspension period must also have ended.
3. If your driving privilege was suspended¹ as a result of a judgment² filed against you in court (e.g., for damages arising from a motor vehicle accident), you must provide written consent or the court in which the judgment was filed may provide a document indicating that the judgment was satisfied.
4. Arizona will not grant reinstatement of your Arizona driving privilege if your driving privilege is withdrawn, revoked or suspended in another state.
5. If you have any traffic complaints/violations against you, you must first resolve all court requirements and obtain a written satisfaction from the courts.
6. If you have been convicted of any traffic violations within the preceding 12 months, we are not authorized to accept your application for reinstatement until 12 months have passed since the date of the violations.

Form Instructions – Follow All Instructions

Revocation Certificate (form A) – for all applicants

1. Provide complete answers to all questions. **Do not leave spaces blank.**
2. Read the certification statement, then sign and date before a notary public or MVD agent.
3. For revocations **related to alcohol or drugs**, submit the completed Revocation Certificate (form A and B) to the approved evaluator completing your evaluation (form C).
4. For revocations **not related** to alcohol or drugs, mail *only* the Revocation Certificate (form A) to Mail Drop 530M, Driver Improvement Unit, Motor Vehicle Division, P O Box 2100, Phoenix, AZ 85001-2100. The Court Compliance Statement and Substance Abuse Evaluation forms will not be needed.

¹ A “mandatory insurance” or “financial responsibility” suspension generally results from the failure to maintain required minimum levels of insurance on a vehicle titled and registered in your name. Whether the suspension is court-ordered or the result of MVD action, a reinstatement fee will be due at the end of the suspension period. If it is a court-ordered suspension, we must receive written consent or a clearance letter from the court before driving privileges can be reinstated. Other actions may also be required, depending on the nature of the suspension.

² An SR-22 is a form of high-risk insurance, or proof of future financial responsibility, which may be required in some insurance-related actions. SR-22 insurance may be purchased from any insurance company authorized to do business in Arizona.

Court Compliance Statement (form B) – alcohol/drug related revocations only

1. Submit the form to the court in which you were last cited and convicted of DUI in Arizona.
2. The court must return the form to you.
 - a. Additional acceptable documentation:
 - Order of Discharge from Probation to include conviction case number
 - Department of Corrections (DOC) Absolute Discharge to include conviction case number
3. After it is returned by the court, submit the Court Compliance Statement (form B) to the approved evaluator with the Revocation Certificate (form A) and Substance Abuse Evaluation (form C).

Substance Abuse Evaluation (form C) – alcohol/drug related revocations only

1. Packet must not be submitted more than **30 days** after the date that Part C was signed by an approved evaluator (Part C).
2. During the Substance Abuse Evaluation you must disclose **ALL** DUI, alcohol and drug related offenses (traffic, criminal and out-of-state).
3. This form must be completed by an approved evaluator.
4. Submit all three forms to the approved evaluator conducting the evaluation. The approved evaluator must review the Revocation Certificate (form A) and Court Compliance Statement (form B), and complete the Substance Abuse Evaluation (form C).
5. **The approved evaluator must submit the original of all three forms to MVD and a copy of their professional certification/license.**
6. You are responsible for any expenses required to complete the substance abuse evaluation.

Criminal Restitution Certificate (form D) – failure to stop at a fatal accident revocations only

1. This form must be completed by Court Clerk, Arizona Department of Corrections Parole or Probation Officer, or Judge.
2. You are responsible to have verified that at least 5 years of your revocation period has elapsed

MVD Review – All forms/information are reviewed and you will be notified in writing of the final decision.

Approved Evaluator – The substance abuse evaluation must be completed by one or more of the following:

- Substance abuse counselor who is nationally certified, certified by the Arizona Board of Behavioral Health Examiners or by a comparable board in another state
- Substance abuse counselor who is employed by the federal government and who is practicing in this state
- Psychologist or physician who is licensed to practice in this state, or in any other state
- Psychologist or physician who is employed by the federal government and who is practicing in this state

For a list of approved evaluators visit the Motor Vehicle Division website at www.azdot.gov/MVD/Driver-Services/Driver-Improvement/Screening-and-counseling-resources or refer to a telephone yellow page directory under Counselor or Alcoholism.



Motor Vehicle Division

99-0139A R04/18 azdot.gov

Mail Drop 530M
Driver Improvement Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

REVOCATION CERTIFICATE

All Applicants Must Complete

A

Applicant Name (first, middle, last, suffix)		Driver License Number	Date of Birth	
Street Address		City	State	Zip
Mailing Address (if different from above)		City	State	Zip
Home Phone ()	Daytime Message Phone ()			

Yes No Have you been convicted of any traffic violations in Arizona or in any other state within the past 12 months? If yes, please provide date(s) of violation:

Traffic Violations and Dates (within the past 12 months)

For Alcohol/Drug Related Revocations Only

Yes No Have you completed or are you currently enrolled in any alcohol/drug treatment or education programs? If Yes, you may attach any supporting documents.

Authorization To Release Information

Approved Evaluator Name

I hereby authorize the approved evaluator to release to the Motor Vehicle Division any information that is pertinent to my ability to safely operate a motor vehicle, and authorize the Motor Vehicle Division to release to the approved evaluator any actions taken on my Arizona driving record before and after the investigation.

Applicant Signature	Date
---------------------	------

Certification (For All Applicants)

I have read the eligibility requirements and instructions for reinstatement and I am currently eligible to submit this packet. I have answered the above question to the best of my knowledge. I understand that if my driving privilege is reinstated, any pending offenses or traffic violations that subsequently result in conviction may result in the withdrawal of my Arizona driving privileges. I further understand that if another state's records or National Driver Registry indicates an existing suspension or revocation, my Arizona driving privilege may be withdrawn.

Applicant Signature

Acknowledged before me this date.

Notary or MVD Agent Signature

Date	County	State	Commission Expires
------	--------	-------	--------------------



Motor Vehicle Division

99-0139B R04/18 azdot.gov

Mail Drop 530M
Driver Improvement Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

COURT COMPLIANCE STATEMENT

B

DUI Alcohol/Drug Related Revocations Only

Form with fields: Applicant Name (first, middle, last, suffix), Driver License Number, Date of Birth, Mailing Address, City, State, Zip

I hereby authorize the court to release the following information to be considered by the Motor Vehicle Division.

Form with fields: Applicant Signature, Date

This section must be completed in full by court clerk, Arizona Department of Corrections (ADC) probation officer, or judge. (See instructions for additional acceptable documentation)

Form with fields: Court Name (for last DUI alcohol/drug related offense in Arizona), Complaint Number, Violation Date, Docket Number

- Yes No Screening required? Type: Alcohol Drug
Yes No Screening completed? Type: Alcohol Drug
Yes No Treatment required? Type: Alcohol Drug
Yes No Treatment completed? Type: Alcohol Drug
Yes No Education required? Type: Alcohol Drug
Yes No Have applicant records been purged?
Time served instead of treatment
Court order rescinded

Form with fields: Court Clerk, Probation Officer, or Judge Signature, Phone, Date, Printed Name, Title

[Court Seal]

Return Completed Form to Applicant



Motor Vehicle Division

99-0139C R04/18 azdot.gov

Mail Drop 530M
Driver Improvement Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

DUI-RELATED
SUBSTANCE ABUSE EVALUATION

DUI Alcohol/Drug Related Revocations Only

C

Must be completed in full and mailed by an approved evaluator
(counselor, psychologist or physician)

Table with 3 columns: Applicant Name (first, middle, last, suffix), Driver License Number, Date of Birth

In accordance with Arizona Revised Statute 28-3315, the above applicant must undergo an evaluation to determine whether the applicant's condition(s) affects or impairs the applicant's ability to safely operate a motor vehicle and the Motor Vehicle Division may rely on your opinion regarding this applicant.

Because the Motor Vehicle Division uses your evaluation for public safety reasons, you should not base your evaluation or opinion on the applicant's asserted need or desire for license reinstatement.

Large text area for Prognosis/Observations/Factors/Recommendations with horizontal lines for writing.

**Must be completed in full and mailed by an approved evaluator
(counselor, psychologist or physician)**

C (page 2)

Applicant Name (first, middle, last, suffix)

Yes No Have you been through a prior MVD revocation investigation?
How many times? ____

Evaluator Initials

Yes No Was a substance abuse evaluation conducted?

Evaluator Initials

I acknowledge that I have read the Revocation Certificate (form A) and the Court Compliance Statement (form B) and they are complete.

Evaluator Initials

I affirm that I have completed a substance abuse evaluation of the above named applicant in accordance with standard practices and procedures which included the review of all actions taken against his/her Arizona driving privileges that resulted from a conviction of alcohol or drug violation(s).

Evaluator Initials

Based on my evaluation, it is my opinion that the condition of the Applicant:

Does **Does Not** affect his or her ability to safely operate a motor vehicle.

I certify that I meet one of the approved evaluator requirements (see approved evaluator instructions).

Printed Evaluator Name		Title	
Program Name (if applicable)			
Mailing Address		City	State Zip
Phone ()	Professional Certification/License Number		Cert/Lic Expiration Date

Evaluator Signature	Date
---------------------	------

The **completed originals** of this form, the Revocation Certificate (form A) and the Court Compliance Statement (form B) along with a **copy of your professional certification/license** must be mailed by evaluator to the address below, within 30 days of the signature date, and a copy provided to the applicant.

MAIL DROP 530M
DRIVER IMPROVEMENT UNIT
MOTOR VEHICLE DIVISION
PO BOX 2100
PHOENIX AZ 85001-2100



Motor Vehicle Division

99-0139D R04/18 azdot.gov

Mail Drop 530M
Driver Improvement Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

CRIMINAL RESTITUTION
CERTIFICATE

D

Must be completed in full
by Court Clerk, Arizona Department of Corrections Probation Officer, or Judge.

Form with fields: Application Name (first, middle, last, suffix), Driver License Number, Date of Birth, Street Address, City, State, Zip, Court Docket Number, Violation Date

The applicant was convicted of failure to stop at an accident involving death under ARS 28-661.

This offense resulted in a 10 year revocation of driving privilege. After five years, the applicant may apply for a restricted privilege for the remainder of the ten years.

Yes No Did the court impose monetary sanctions on the applicant?

Yes No Has the Applicant paid full restitution?

Form with fields: Court Clerk, Probation Officer, or Judge Signature, Phone, Date, Printed Name, Title