

Request for Hearing or Modified Driver's License Form

Authority: **47 O.S. Section 754 & 47 O.S. Section 754.1**

Whenever an individual has been arrested for Driving Under the Influence or being in Actual Physical Control of a motor vehicle and either tests over the legal limit or refuses to submit to a test or tests of the individual's blood or breath, and is thereafter served with a Notice of Revocation, the "**Request for Hearing or Modified Driver's License**" form can be used to request an Administrative Hearing before Department of Public Safety ("Department") concerning the merits of the potential revocation or to simply request a Modified Driver's License (allowing limited driving privileges during the period of revocation) in lieu of an administrative hearing.

The completed "**Request for Hearing or Modified Driver's License**" form* (the written request) must be received by the Department within fifteen (15) days after notice of the Department's potential revocation action was given to be considered timely. A timely request will stay the action of the Department until the disposition of the hearing or until the granting of a modified driver's license unless the person is under cancellation, denial, suspension or revocation for some other reason. The request may be mailed or hand delivered.

If the completed form is timely received, the Department will allow the requesting individual full driving privileges pending the disposition of the administrative hearing or the granting of the modified driver's license, as long as the person is otherwise eligible to drive.

The granting of a request for a Modified Driver's License is discretionary with the Department. If the Department is agreeable to the individual's request after receipt of the completed form, the individual will be notified and will be requested to complete another form entitled "**Information For Modified Driver's License**".

The completed "**Information For Modified Driver's License**" form, along with a statutory modification fee in the amount of One Hundred Seventy-Five Dollars (\$175.00) must be received by the Department before a Modified Driver's License will be allowed to be issued. The modification fee must be in the form of a cashier's check or money order or attorney's trust account check and be made payable to the Department of Public Safety. (Personal checks will **not** be accepted).

This completed form must be mailed to: **DPS Legal Division, P.O. Box 11415, Oklahoma City, OK 73136-0415** or hand delivered to **DPS at 3600 Martin Luther King Ave., Oklahoma City, OK.**

***NOTE:** This form can still be used to request a Modified Driver's License **even if** more than 15 days have expired following the giving of Notice of Revocation. However, being an untimely request, it will not stay the running of the revocation nor cause the holding of an administrative hearing.

REQUEST FOR HEARING OR MODIFIED DRIVER'S LICENSE

INSTRUCTIONS:

FILL OUT THE FORM COMPLETELY. MAIL YOUR COMPLETED FORM TO DPS LEGAL DIVISION, P.O. BOX 11415 (or hand-deliver to 3600 Martin Luther King Ave), OKLAHOMA CITY, OKLAHOMA 73136-0415. THE LEGAL DIVISION WILL CONSIDER YOUR REQUEST AND NOTIFY YOU OF THEIR DECISION. A FEE OF ONE HUNDRED SEVENTY-FIVE DOLLARS (\$175.00) IS REQUIRED IF A MODIFIED LICENSE IS ISSUED.

APPLICANT INFORMATION

(PLEASE PRINT OR TYPE)

FULL NAME: _____ SSN: _____

DATE OF BIRTH: _____ DRIVER LICENSE NO.: _____

STREET ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

HOME PHONE NO.: _____ BUSINESS PHONE NO.: _____

ARREST INFORMATION

DATE OF ARREST: _____ TESTED: _____ REFUSED: _____ BLOOD: _____

NAME OF ARRESTING OFFICER: _____

ARRESTING AGENCY: _____

DID YOU SURRENDER YOUR LICENSE AT THE TIME OF ARREST? YES ___ NO ___

___ THIS REQUEST IS FOR A HEARING

___ THIS REQUEST IS FOR A MODIFIED DRIVER'S LICENSE

SIGNATURE OF INDIVIDUAL OR
REPRESENTING ATTORNEY

DATE OF REQUEST

COMPLETE THIS SECTION ONLY IF AN ATTORNEY WILL REPRESENT YOU IN OBTAINING A LICENSE OR IN THE DEPARTMENT HEARING.

ATTORNEY INFORMATION

ATTORNEY'S NAME: _____

MAILING ADDRESS: _____

PHONE NO.: _____ FAX NO.: _____