

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MOTOR VEHICLES



REINSTATEMENT APPLICATION

CUSTOMER INFORMATION				
FULL LEGAL NAME				
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS		
DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH		
CHARGE		DATE OF CHARGE	STATUS OF CHARGE	

PLEASE COMPLETE THIS SECTION
Have you operated a motor vehicle since you were revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>
When was the last time you operated a motor vehicle?
Have you been charged with a traffic alcohol violation since you were revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , when and where did that charge occur?
Please be advised that if you have been convicted of an alcohol-related offense, a certificate of completion from a state-certified alcohol-counseling program is MANDATORY . A treatment services provider directory may be found at doh.dc.gov under the Resources tab.
Have you completed a state-certified alcohol counseling program ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Attach/upload a copy of the certificate of completion.
If no , Have you completed an alcohol/drug assessment and it was determined counseling was unnecessary?
If yes , attach/upload a copy of the assessment.

IMPORTANT INFORMATION
All documentation must be submitted with the application for reinstatement. A Hearing Examiner will review the application and documentation, A decision will be rendered in writing by mail. However, if the Hearing Examiner feels that an in-person or virtual hearing would be beneficial to better understand the circumstances, you may be contacted to schedule a hearing.
High risk insurance may be required at the time of reinstatement if the conviction occurred within the last three years.

Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000- or 180-days imprisonment or both. (D.C. Official Code §22-2405).

I hereby certify and affirm that the information given above for reinstatement is true and correct.

CUSTOMER SIGNATURE	DATE

SUBMIT YOUR APPLICATION

Email the application and supporting documentation to: adjhearings@dcdmv.zendesk.com

Mail the application and supporting documentation to:
Adjudication Services PO Box 91980 Washington, DC 20098

Bring this completed form and supporting documentation to [Adjudication Services](#) 955 L'Enfant Plaza SW, P-100 Washington, DC during business hours.