

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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>yes</b> , when and where did that charge occur?
<p>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 <b>MANDATORY</b>. A treatment services provider directory may be found at <a href="http://doh.dc.gov">doh.dc.gov</a> under the Resources tab.</p> <p><b>Note:</b> MADD Victim Impact and driver improvement courses are not acceptable documentation for the state-certified alcohol-counseling program requirement.</p> <p>Have you completed a <b>state-certified alcohol counseling program</b>?    <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b> If <b>yes</b>, Attach/upload a copy of the certificate of completion. If <b>no</b>, Have you completed an <b>alcohol/drug assessment</b> and it was determined counseling was unnecessary? If <b>yes</b>, attach/upload a copy of the assessment.</p>

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	
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### SUBMIT YOUR APPLICATION

**Email** the application and supporting documentation to: [adjhearings@dcdmv.zendesk.com](mailto: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.

To report waste, fraud, or abuse by any DC Government Agency or official, call the Office of the DC Inspector General at 1-800-521-1639.