

REVOCATION INVESTIGATION PACKET

General Instructions

1. **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)

2. Do not submit this packet more than **30 days** after the date that it was signed by a health professional.
3. During the Substance Abuse Evaluation you must disclose **all** DUI, alcohol and drug related offenses (traffic, criminal and out-of-state).
4. Follow all instructions.
5. Incomplete packets will be returned.

Eligibility Requirements

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

1. Your minimum 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 suspended as a result of a judgment filed against you in court (e.g., for damages arising from a motor vehicle accident), that judgment must also be satisfied. The court in which the judgment was filed must provide us a document indicating that the judgment was satisfied. (A mandatory insurance or financial responsibility suspension¹ will not prohibit you from completing this packet. However, some actions may require SR-22² insurance.)
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 Arizona will not grant reinstatement of your Arizona driving privilege if your driving privilege is withdrawn, revoked or suspended in another state.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 warrants or pending traffic complaints/violations against you, you must first resolve all court-mandated requirements (e.g., payment of fines or penalties) and obtain a written satisfaction from the court.
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.

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 a clearance 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.

Form Instructions

Revocation Certificate (form A) – for all applicants

1. Provide complete answers to all questions. **Do not leave spaces blank.**
2. For alcohol/drug related revocations, complete and sign the Authorization To Release Information section.
3. Read the certification statement, then sign and date before a notary public or MVD agent.
4. For revocations **related to alcohol or drugs**, submit the Revocation Certificate (form A) to the health professional (see definition below) with the Court Compliance Statement (form B) and Substance Abuse Evaluation (form C).
5. 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.

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

1. Submit the form to the court in which you were convicted of your last DUI in Arizona.
2. The court must return the form to you.
3. After it is returned by the court, submit the Court Compliance Statement (form B) to the health professional with the Revocation Certificate (form A) and Substance Abuse Evaluation (form C).

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

1. This form must be completed by the health professional.
2. Submit all three forms to the health professional conducting the evaluation. The health professional must review the Revocation Certificate (form A) and Court Compliance Statement (form B), and complete the Substance Abuse Evaluation (form C).
3. The health professional must submit the original of all three forms to MVD.
4. 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.

Health Professional – 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
- Physician or psychologist who is licensed to practice in this state, or in any other state
- Physician or psychologist who is employed by the federal government and who is practicing in this state

For a list of eligible substance abuse counselors 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 R03/15 azdot.gov

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

REVOCACTION 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

Yes No Are you currently employed?
 Yes No Does your job require you to operate any type of motor vehicle other than on private property? If Yes, please explain:

Work-Related Motor Vehicle Operation

Yes No Have you been through an MVD investigation before this investigation? How many times?: ____
 Yes No Was a substance abuse evaluation done?

Prior Investigations

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

Counselor, Physician or Psychologist Name

I hereby authorize the counselor, physician or psychologist above 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 counselor, physician or psychologist any actions taken on my Arizona driving record before and after the investigation.

Applicant Signature	Date
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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 questions 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
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Motor Vehicle Division

99-0139B R03/15 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 am now eligible for reinstatement of my Arizona driving privileges after a revocation.

Form with fields: Applicant Signature, Date

Please provide the following information to be considered by the Motor Vehicle Division.

This section must be completed in full by court clerk, Arizona Department of Corrections (ADC) probation officer, or judge.

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

- Screening required? Type: Alcohol Drug
Screening completed? Type: Alcohol Drug
Treatment required? Type: Alcohol Drug
Treatment completed? Type: Alcohol Drug

Treatment Description

Time served instead of treatment Court order rescinded

- Education required? Type: Alcohol Drug
Were applicant records purged?

Please attach copies of any documentation establishing compliance/non-compliance.

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

[Court Seal]

Return Completed Form To Applicant

Applicant Name (first, middle, last, suffix)

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

Initials

I affirm that I have completed a substance abuse evaluation of the above named applicant in accordance with standard practices and procedures

Initials

I affirm that I have completed a substance abuse evaluation of the above named applicant, 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).

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.

Evaluator Certification

State law requires all persons who seek reinstatement of Arizona driving privileges following an alcohol or drug-related revocation must provide the Motor Vehicle Division with a current substance abuse evaluation from a:

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

I certify that I meet one of the above requirements.

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

The **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 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 R03/15 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