



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES
Last Use Statement

Upload online: drive.mn.gov FAX: 651-797-1299 EMAIL: dvs.ii@state.mn.us QUESTIONS: 651-296-2948 Mail: 445 Minnesota St, Ste 177, St Paul, MN 55101

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ Email Address _____ Driver's License Number _____

1. I attest that I last consumed any drink or product containing alcohol or controlled substances on: _____ Abstinence Date _____ X _____
Signature
2. I acknowledge that I may not operate a motor vehicle until I am informed by the Minnesota Department of Public Safety that my driving privilege has been reinstated full or conditionally or I have been issued a limited license (if eligible). X _____
Signature
3. I acknowledge that all of the documents I have submitted become the property of the Minnesota Department of Public Safety. X _____
Signature
4. I acknowledge that my driver's license will contain a restriction that I may not consume any drink or product containing alcohol or controlled substances at any time. This restriction is subject to removal in accordance with Minn. Stat. § 171.09. X _____
Signature
5. I acknowledge that to maintain my privilege to drive and while my driver's license contains the abstaining restriction, I may not consume any drink or product containing alcohol or controlled substances, even when not operating or in physical control of a motor vehicle. X _____
Signature
6. I acknowledge that the Commissioner of the Minnesota Department Public Safety will cancel and deny my privilege to drive if there is sufficient cause to believe that, after the abstinence date I have attested to above, I have consumed any drink or product containing alcohol or controlled substances. X _____
Signature

Tennessee Warning

What is the purpose of supplying the requested information?

The Department of Public Safety ("DPS") collects the information on this form for identification purposes, to enroll you in the Minnesota Ignition Interlock Program as outlined by Minn. R. 7503.1725(3); or as one of the requirements for rehabilitation for individuals whose license status was canceled and denied prior to July 1, 2011, as outlined in Minn. R. 7503.1700, Subp. 4.

Am I required to provide the requested information?

You are not legally required to complete this form.

What will happen if I do not provide the requested information?

You can refuse; however, DPS cannot enroll you in the Ignition Interlock Device Program or complete one of your rehabilitation requirements for individuals whose license status was canceled or denied prior to July 1, 2011.

Who will have access to the requested information?

DPS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provide to complete rehabilitation requirements or enroll in the Ignition Interlock Device Program is classified by 18 U.S.C § 2721 and Minn. Stat. § 171.12, and is subject to the disclosure in accordance with these laws.

Signatures must be witnessed by a Notary Public or representative of the Department of Public Safety:

Witnessed by: _____ Date: _____

Representative of DPS Notary Public

Subscribed and sworn to before me this _____ day of _____ 20 _____
NOTARY PUBLIC: _____
COUNTY: _____
MY COMMISSION EXPIRES: _____