



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Request for Removal of Lifetime Disqualification

Upload online: drive.mn.gov FAX: 651-797-1298 EMAIL: dvs.evaluator@state.mn.us Call: 651-296-2025 Mail: 445 Minnesota St, Ste 170, St Paul, MN 55101

This form must be signed and returned to Driver and Vehicle Services to request removal of the lifetime CDL disqualification as described in 49 CFR 383.51(b), (1) through (8).

Please refer to the instructions on how to complete this form.

Section A: Please provide the requested information

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Driver's License Number

First Name Middle Name Last Name Date of Birth

Address City/State/Zip Phone Number

Tennessee Warning

What is the purpose of supplying the requested information?

The Department of Public Safety ("DPS") collects the information on this form for record keeping purposes as required by the Minnesota Government Data Practices Act and Minn. Stat. § 13.04(2).

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 will consider your application incomplete and will be unable to process your request.

Who will have access to the requested information?

DPS may disclose personal information when it relates to the operation or 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 is classified by 18 U.S.C. § 2721 and Minn. Stat. § 171.12 and is subject to the disclosure in accordance with these laws.

Signature Date

Section B: Please sign the statement below

I am requesting removal of the lifetime CDL disqualification from my record. I understand that a background check for the past 10 years and completion of lifetime CDL disqualification removal requirements are mandatory before removal is approved. I will be notified of the decision to remove the lifetime disqualification upon completion of the background check.

Signature Date

Section C: Check the box to indicate what reinstatement requirement you are submitting.

Please read the instructions to determine what requirement you must submit for reinstatement.

- Certified driving records from states of residence other than Minnesota for the past 10 years
- Proof of Completion of a National Safety Council Course (may be completed online)
- Proof of completion of alcohol rehabilitation or chemical dependency assessment completed in the last six months

Instructions:

Step 1: Provide your full legal name and residence address in Section A along with the other requested information.

Step 2: Please complete the statement in Section B with your full legal name. This acknowledges you are applying for disqualification removal and you understand the requirements for reinstatement of your commercial driving privileges.

Step 3: Check the appropriate box to indicate the required documentation you are submitting.

If you have lived in a state other than Minnesota during the disqualification period:

You must submit a certified driving record from each state of residence for the previous ten years to verify you have not committed a major driving offense.

If your lifetime disqualification is for non-alcohol related offenses or other offenses in addition to alcohol offenses:

You must submit proof of completion of a National Safety Council course such as DDC Attitudinal Dynamics of Driving or the DDC Professional Truck Driver Defensive Driving. The course may be completed online.

If your lifetime disqualification is for an alcohol related offense:

Please submit documentation that rehabilitation has been completed. This can include court ordered rehabilitation or a chemical use assessment completed within the last six months.

Step 4: Choose one of the following methods to submit the completed form:

- Online at drive.mn.gov; select the option to Upload Commercial Forms (you will need to enter your driver's license or ID number)
- Fax this form with the required documentation to 651-797-1298
- Send by email: dvs.evaluator@state.mn.us
- Mail to Driver and Vehicle Services, 445 Minnesota Street, Suite 170, St. Paul, MN 55101

All information requested on this form is required by 49 CFR 383.51(a) (6) or Minn. R. 7503.2800. If required documentation is not submitted with this form, your request will be denied.

If you have questions or need additional information, please contact Driver and Vehicle Services at (651) 296-2025.

Note: If you are subsequently convicted of a disqualifying offense described in 49 CFR 383.51 (b) (1) through (8) the lifetime disqualification will become permanent with no future option for reinstatement of commercial driving privileges.