



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Request for Reinstatement

(Seeking exemption in the Ignition Interlock Device Program, revoked drivers only)

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

Driver's License Number

Form for entering Driver's License Number with hyphens and boxes.

State of Issue

Form for entering State of Issue with two boxes.

Date of Arrest: _____

First Name _____ Middle Name _____ Last Name _____

Address _____ City / Zip _____

Phone Number _____ Date of birth _____ Email address _____

Certification (This form can only be submitted after Implied Consent or DWI revocation period has expired)

This is my declaration that I had read Minnesota Statutes, section 169A.55 and I understand I shall not be eligible for reinstatement of driving privileges without an ignition interlock restriction until the Commissioner certifies the acknowledgements and confirmation listed below:

- 1. I acknowledge that I did not commit a violation of chapter 169, 169A or 171:
a) Between the time of the offense and this signed and dated request for reinstatement; or
b) At the time of the arrest for the offense listed under Minnesota Statutes, section 169A.55, subdivision 4(a)(2)(i)(A) or (B), or (ii)(A) or (B).
2. I acknowledge that I did not own or lease a vehicle at the time of the offense or at any time between the time of the offense and this signed and dated request for reinstatement, and;
3. I confirm that I am submitting, along with this document, a certified copy of my driving record. Also, I am submitting a certified document from the motor vehicle department from my current state of residency or licensure certifying non-ownership or leasing of any motor vehicle during the period from the date of arrest until this signed and dated request for reinstatement. Note: Certification of documents must be dated on or after of the ending date of the revocation period.

Tennessee Notice

What is the purpose of supplying the requested information?

The Department of Public Safety - Driver and Vehicle Services ("DPS-DVS") collects the information on this form for identification purposes. If the applicant wishes to request reinstatement of their driving privileges without participating in the Ignition Interlock Device Program ("Program"), the person must sign this Request for Reinstatement form as outlined in Minnesota Statutes, section 169A.55.

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-DVS will consider your form incomplete and will be unable to process your request for requesting reinstatement of your driving privileges without participating in the Ignition Interlock Device Program.

Who will have access to the requested information?

DPS-DVS 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 provided is classified by 18 U.S.C section 2721 and the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13 and is subject to disclosure in accordance with these laws. The information you provide may also be shared upon court order or provided to the state or legislative auditor.

I acknowledge that by signing this document, I (the applicant) attest under penalty of perjury that these statements are true and accurate.

Signature _____ Date _____