MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Print Form

Special Review Awareness

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

- Minn. R. 7503.1250 requires individuals with multiple alcohol and/or controlled substance offenses on their driving record to complete and return the following notice, in addition to meeting all other reinstatement requirements.
- ***You may not drive until you receive a reinstatement notice!***

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Driver's License Number

_____
Driver's Date of Birth (mm/dd/yy)

I, _____ _____ _____
First Name Middle Name Last Name

understand that any alcohol or controlled substances-related incident, not currently a part of my Minnesota driving record, may result in the cancellation and denial of all driving privileges (including limited privileges for work) in the State of Minnesota.

Tennessen 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 satisfy one of the reinstatement requirements of your Minnesota driver license or Minnesota driving privlege as outlined in Minn. R. 7503.1250 and Minn. Stat. § 169A.55(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 be unable to satisfy one of the reinstate requirements of your Minnesota driver license or Minnesota driving privilege.

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 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.

X_____ _____
Signature Date (mm/dd/yy)

Witnessed by:

Subscribed and sworn before me this ___Day of_____, 20___
Notary Public_____County_____
My Commission Expires_____

Notary Stamp

Witness may be a representative of the Department of Public Safety or a Notary Public.