

## MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES

## Request for Administrative Review

Bring or mail this completed application to Driver and Vehicle Services, 445 Minnesota Street, St. Paul, Minnesota 55101-5170. You may also fax to (651) 282-2463. Please print or type. Use additional sheets or attach documents if necessary.

- If your driving privilege has been revoked or disqualified under the Implied Consent Law (Minnesota Statutes, sections 169A.50 -.53), you are entitled to a review of the order by the Commissioner of Public Safety.
- Completing this form is the only means to advise the Commissioner of your version of the facts of the incident. It is
  important that you complete each item and sign this form so that your request for administrative review is fully
  considered.
- Once received, the commissioner's designee will undertake a full review of the facts surrounding the order of revocation
  or disqualification, based upon this form and all other records in possession of the Department of Public Safety relating
  to this incident.
- This review will not affect pending or future court actions. All of your rights to seek court review of the revocation or disqualification are preserved, whether or not you request administrative review.
- You will be notified by mail of the results of the review within fifteen (15) days after receipt. You may appear in person during normal business hours to discuss any driver's license matter with a driver evaluator. In some cases, however, this could result in a delay beyond the fifteen days within which a written review can be completed.
   You may call (651) 296-8599 for information.

	Date of Incident (mm/dd/yy)
1.	A peace officer must be able to state a reason for stopping a motor vehicle. In this case:
	I agree that I was stopped for a valid reason.
	☐ I was not stopped for a valid reason because:
	☐ I don't remember being stopped.
2.	A peace officer must have probable cause to believe that a person was under the influence of alcohol or a
	controlled substance while driving, operating or in physical control of a motor vehicle before a request for an
	alcohol/controlled substance test of the driver's blood, breath, or urine can be made.  — I agree that the peace officer had probable cause to believe that I was under the influence of alcohol or a controlled
	substance.
	☐ I do not think that the peace officer had probable cause to believe that I was under the influence because:
3.	Before being requested to submit to an alcohol/controlled substance test of the driver's blood, breath, or urine, a driver is advised by the peace officer of certain rights and facts. These rights are usually read from a printed form.
	☐ The peace officer read the form and advised me of my rights and responsibilities.
	☐ I don't recall whether or not I was given the required advice.
	☐ The peace officer failed to advise me as follows:

•		olled substance test, a driver must have.
•	lawfully arrested, involved in an accident in	nvolving property damage or personal injury,
•	a preliminary breath test	
•	ed to take a preliminary b	
In this case	•	
		ents listed above occurred.
_	•	sted above occurred. Explain:
	4	
		use to submit to an alcohol/controlled substance test. If you believe your phable, what was your reason for refusing?
│ ☐ Not app	licable because I took the	e test.
	controlled substance tes	st was taken, it must be shown that the test was reliable and the results
I agree	that the test was reliable	and properly evaluated.
☐ I don't k	now if the test was reliab	ole or properly evaluated.
The test	t was not reliable or not p	properly evaluated because:
improper bed	cause:	that the order of revocation or disqualification of my driving privilege is  is public data, which, by Minnesota law, may be given to any person upon vful purposes. You are advised that information given in this form may be
	lated court action invol	lving your driver's license, including any criminal charges that may result
		Signature (driver must sign)
Date (mm/dd/yy)		
Subscribed and	sworn to before me	First Name Last Name
Thie	day	First Name Last Name
Of	, 20	DL Number (OMIT DASHES)
NOTARY PUB	LIC	
		Date of Birth (mm/dd/yy) Phone Number (TYPE NO DASHES OR SPACES)