ARIZONA
DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE DIVISION

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Mail Drop 530M
Driver Compliance Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

ADMIN PER SE EXPUNGEMENT REQUEST (28-3004)

State law allows a violation of Admin Per Se (28-1385) to be expunged from your driving record. Use this form to apply for expungement, this **does not** apply if at the time of the stop you held a commercial license or were operating a commercial motor vehicle. Please answer all of the following questions.

Requestor Information Section I

Applicant Full Legal Name (first, middle, last, suffix)	Driver License Number	Date of Birth

Section II

1. Did you serve an Admin Per Se suspension? ❏ Yes ❏ No (if no, you are not yet eligible under A.R.S. §28-3004.B)

2. Did you complete Alcohol/Drug Screening?   ❏ Yes ❏ No (if no, you are not yet eligible under A.R.S. §28-3004.B)

Section III

1. Have you been charged with a violation of Driving Under the Influence (A.R.S. §§ 28-1381 or 28-1382) as a result of the driving event that led to your Admin Per Se suspension?   ❏ Yes ❏ No

    A. If you answered "Yes" to question 1, was the DUI violation which caused your Admin Per Se suspension/revocation dismissed? (provide a copy of the court abstract indicating a dismissal)
    ❏ Yes ❏ No

        i. If you answered "Yes" to Question 1A, was the violation which caused your suspension/revocation refiled within six months after the dismissal? ❏ Yes   ❏ No

    B. If you answered "Yes" to Question 1, were you found not guilty of the DUI violation which caused your Admin Per Se suspension/revocation? (provide a copy of the court abstract indicating a finding of not guilty)
    ❏ Yes ❏ No

2. If you answered "No" to _all_ of Question 1, has it been at least twelve months since your Admin Per Se violation? Or has been at least twenty-four (24) months if there was a Serious Physical Injury of Fatality at the time of your Admin Per Se?
❏ Yes ❏ No (if no, you are not yet eligible for expungement under A.R.S. §28-3004.B)

Mail-in completed form or drop-off at any MVD office

By signing this form, I certify that the above is true and correct.

Applicant Signature	Date

MVD USE ONLY

❏ Approved – Please refer to MVR ❏ Denied	Date
Reason for denial	