## Florida Department of Highway Safety & Motor Vehicle Bureau of Administrative Reviews REQUEST FOR ELIGIBILITY REVIEW

Driver's Full Name Freeman	Chris	Lewis	_Telephone Number (70	<sub>)</sub> 398-1511
First	Middle or Maiden	Last		
Address 11238 SW Village CT	Bldg. 4, #201	Port Saint Lucie	FL	34987
Street		City	State	Zip Code
Driver License Number D8527592		State California		
<sub>I</sub> Freeman Lewis	hereby request a	a review of my record f	or the purpose of det	ermining my eligibility for
immediate reinstatement of my driv understand the restriction is for Bus fee, pursuant to section 322.21(9)(a	ving privilege on a siness Purposes On	restricted basis as prov	ided in section 322.2	2615(1)(b)3, Florida Statutes. I
I understand that the restricted licer Statutes, unless subsequently revok		-	ion period imposed u	under section 322.2615 Florida,
Driving with an Unlawful	Breath-Alcohol or	Blood-Alcohol Level	= 6 months suspension	on
Refusal to Submit to a Bre	eath, Blood or Urin	e Test = 1 year suspen	sion	
Reinstatement of the driving privile including but not limited to enrollm			is conditioned on st	atutory eligibility requirements,
	WAIVER OF FO	ORMAL AND/OR IN	FORMAL REVIEV	<u>W</u>
I also understand that acceptance of Florida Statutes is deemed a waiver				
Signature of Driver Freem	ian Lewis	•	Date 12/21/2022	2
Witness Signature	ran Lewis 40 Carey			

Office Hours - Monday through Friday 8:00 a.m. to 5:00 p.m.

City	Address	Office Number	Fax Number
Clearwater	4585 140th Avenue North, Suite 1002	(727) 507-4405	(727) 507-4406
Jacksonville	7439 Wilson Boulevard	(904) 777-2132	(904) 777-2133
Lauderdale Lakes	3718-3 W. Oakland Park Blvd	(954) 677-5800	(954) 714-3550
Miami	7795 W. Flagler Street, Suite 82C	(305) 265-3001	(305) 265-3063
Orlando	4101 Clarcona-Ocoee Road, Suite 152	(407) 445-5581	(407) 445-5584
Pensacola	100 Stumpfield Road	(850) 494-5728	(850) 494-5837
Tallahassee	2900 Apalachee Parkway Room B-154	(850) 617-2449	(850) 617-5077
Tampa	2814 East Hillsborough Avenue	(813) 276-5795	(813) 231-0817