



ALABAMA LAW ENFORCEMENT AGENCY

DRIVER LICENSE DIVISION

301 SOUTH RIPLEY STREET / P.O. BOX 1471 / MONTGOMERY, AL 36102-1471
PHONE 334.676.6002 / WWW.ALEA.GOV

REQUEST FOR REINSTATEMENT REQUIREMENTS

Type or print clearly.

Full Name _____ Driver License No. _____

Address _____ Date of Birth _____

_____ Social Security No. _____

All requests for reinstatement must include your **COMPLETE NAME, DRIVER LICENSE NUMBER (if known), DATE OF BIRTH, and CURRENT ADDRESS.**

Reinstatement fees can be paid online at www.AlabamaDL.alea.gov or submitted by mail with **CASHIER'S CHECK** or **MONEY ORDER** made payable to: Alabama Law Enforcement Agency, Driver License Division.

NO PERSONAL CHECKS ACCEPTED.

ONCE COMPLETED, MAIL FORM TO:

**ALEA Driver License Division
P. O. Box 1471
Montgomery, AL 36102-1471**