



ALABAMA LAW ENFORCEMENT AGENCY DRIVER LICENSE DIVISION

301 SOUTH RIPLEY STREET / P.O. BOX 1471 / MONTGOMERY, AL 36102-1471
PHONE 334.242.4400 / ALEA.GOV

Request for Reinstatement Requirements

Type or Print Clearly. Complete upper portion only.

NAME: _____ Driver License Number: _____

First Middle Last

Current Address: _____ Date of Birth: _____

_____ Social Security Number: _____

City State Zip

All Requests for reinstatement must include your complete name, driver license number (if known), date of birth and current mailing address. **Mailing Address: Driver License Division/P.O. Box 1471/Montgomery/AL/36102-1471.**

DO NOT WRITE BELOW-----FOR DEPARTMENTAL USE ONLY

ONLY THE ITEMS CHECKED APPLY TO YOU

DATE: _____

- Eligible for Reinstatement on _____
- Must Pay a Reinstatement Fee of _____ **(Money Order or Cashier Check Only)**
- Must File SR22 Insurance Showing Coverage for Alabama Until _____
- Must Clear a Suspension in the State(s) of: _____

- Must Provide Clearances on the Following Citations: _____

- Must Apply for a Hearing with The Hearing Unit. Fax Hearing Request Only to: 334-353-2009
- Must Submit a Notarized Release on an Accident Judgment from: _____

- Other: _____

NOTE: The reinstatement fee and/or SR22 (if required) should not be submitted until all tickets are settled and your hearing (if required) is complete. **PAYMENTS SHOULD BE MADE PAYABLE TO: DRIVER LICENSE DIVISION OR ALEA. Mailing address is listed above.**