

**DEPARTMENT OF ADMINISTRATION
DIVISION OF MOTOR VEHICLES
Anchorage Driver Licensing
1300 W Benson Blvd., Ste. 100
Anchorage, Alaska 99503-3689
(907) 269-3770**

On July 1, 1993, the legislature reduced the mandatory minimum revocation periods for Driving Under Influence (DWI/DUI), Refusal to Take a Breath Test, and Chemical Test Results (Admin Per Se). The change also allowed people with revocation periods of 5 years or 10 years (ordered under the old law) to request that those revocations be changed to 3 years or 5 years to comply with the new law and, if eligible, to get their licenses back. In order to get your license back, you must serve the minimum revocation period for each offense.

SUBMISSION CRITERIA

SUBMIT this application if:

1. you had three or more offenses or convictions for DWI/DUI, Refusal, or Admin Per Se. before July 1, 1993;
2. your driving record shows a revocation for an offense with an occurrence date before July 1, 1993; and
3. the revocation period for an offense with an occurrence date before July 1, 1993 is for 5 years or 10 years.

DO NOT SUBMIT this application if:

- your offense(s) occurred after July 1, 1993;
- the court ordered a lifetime revocation or a revocation longer than 10 years; or
- you were convicted of a felony DUI or Refusal after July 1, 2002.

APPLICATION FOR TERMINATION OF REVOCATION

All sections of this application must be completed. Your criminal record will be reviewed. Pending alcohol or driving related court cases may delay the review. Applications not meeting submission requirements will be returned.

SECTION A: APPLICANT INFORMATION

Applicants Printed Name	Birthdate	Driver's License No.
Print Complete Mailing Address		
I understand that approval of my application will not alter any current court order prohibiting driving as a condition of release.		
Signature _____		Date _____

SECTION B: ATTACHED IS MY ALASKA CRIMINAL RECORD. You may obtain this record from the Alaska State Troopers. Contact your local State Trooper Post for further information.

SECTION C: VERIFICATION OF ASAP COMPLETION

THE ALCOHOL SAFETY ACTION PROGRAM (ASAP) MUST FILL OUT THIS SECTION. To obtain information on the Alcohol Safety Action Programs in Alaska, please contact (907) 264-0735.

CASE NO. _____ I certify that _____ <small>(Printed Name of Applicant)</small>		
has satisfied the screening, evaluation, referral, and program requirements required by AS 28.35.030(h).		
Authorized Signature _____	Printed Name _____	Date _____
ASAP Location _____	Business Telephone Number _____	