

DEPARTMENT OF ADMINISTRATION

**Anchorage Driver Licensing
1300 W. Benson Blvd, Suite 100
Anchorage, Alaska 99503-3689
Phone: (907) 269-3770
Fax: (907) 269-3774 Web: Alaska.gov/dmv**

REQUEST FOR POINT REVIEW

NAME

DRIVER'S LICENSE NUMBER

MAILING ADDRESS

DATE OF BIRTH

CITY/STATE/ZIP

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TELEPHONE NUMBER

_____ Initial if you want the department's records changed to the mailing address listed above.

I am requesting a Point Review to determine if my privilege to drive has been erroneously suspended for point accumulation.

Issue date of the Department's Point Accumulation/Suspension Notice: _____

I understand once I submit my point review request that my point suspension will be removed from my driving record pending completion of the point review. I understand the suspension dates will be recalculated once the review is complete based on the outcome of the review. _____ (initial)

I certify that the information provided on this form is true and correct. _____ (initial)

SIGNATURE

DATE

Alaska.gov/dmv