

**DEPARTMENT OF ADMINISTRATION**

**Anchorage Driver Services  
3901 Old Seward Hwy, Ste 101  
Anchorage, Alaska 99503  
Fax: (907) 269-3774  
Email: [doa.dmv.ads@alaska.gov](mailto:doa.dmv.ads@alaska.gov)**

**REQUEST FOR ADMINISTRATIVE REVIEW**

Complete the application in full. Failure to complete all required sections will delay the processing of your administrative review application. Mail, email, fax or deliver the completed and signed application form with the copy of your judgment to:

**Anchorage Driver Services – 3901 Old Seward Hwy, Ste 101 Anchorage, AK 99503**

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**NAME**

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**DRIVER'S LICENSE NUMBER**

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**MAILING ADDRESS**

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**DATE OF BIRTH**

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**CITY/STATE/ZIP**

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**TELEPHONE NUMBER**

I am requesting an Administrative Review to determine if my administrative revocation is eligible to be rescinded following the **dismissal** of a DUI/Refusal charge.

I understand once I submit my administrative review request that the Division has 7-10 business days to process my request and make any changes to my record. You will receive written notification at the address you provide above once a determination has been made.

I have attached the following item(s) with my application:

- Copy of Judgment dismissing DUI/Refusal charge (**CourtView documents are not acceptable**)

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**SIGNATURE**

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**DATE**