



ORDER OF SUSPENSION OR REVOCATION

MOTORIST REG ADDRESS

COMPLIANCE DATE _____
____ ITEM
____ AFFIDAVIT

MV REP SIGNATURE

PLATE NO. & TYPE:
REG STATE:
YEAR, MAKE, VIN:
OPERATOR:
POSTAL ID:

ORDER NUMBER

IDENTIFICATION NUMBER

DATE OF BIRTH

SEX CLIENT NUMBER

YOUR NEW YORK STATE DRIVER LICENSE AND VEHICLE REGISTRATION ARE REVOKED EFFECTIVE FOR ONE YEAR. THIS ACTION IS TAKEN UNDER SECTION 318 OF THE VEHICLE AND TRAFFIC LAW.

CAUSE: REGISTRANT OF AN UNINSURED VEHICLE INVOLVED IN AN ACCIDENT ON

IF THE VEHICLE WAS INSURED, PLEASE PROVIDE A LETTER OF COVERAGE FROM THE INSURANCE COMPANY (NOT AGENT OR BROKER). THIS MUST BE ON THEIR LETTERHEAD AND CONTAIN THE REGISTRANT'S NAME AND YEAR, MAKE AND VIN OF THE VEHICLE OPERATED. IT MUST SPECIFY THAT COVERAGE WAS IN EFFECT ON _____ AND BE SIGNED BY AN OFFICIAL OF THE INSURANCE COMPANY. PLEASE SEND OR BRING THE LETTER TO THE DMV OFFICE LISTED BELOW, OR TO THE DMV INSURANCE SERVICES BUREAU, 6 EMPIRE STATE PLAZA, ALBANY, NY, 12228. IF THE VEHICLE WAS FOR HIRE, PROVIDE AN ORIGINAL FH-1 INSTEAD.

OTHERWISE, TURN IN YOUR DRIVER LICENSE AND VEHICLE REGISTRATION AND PLATES (INCLUDING ANY DUPLICATES) TO THE DEPARTMENT OF MOTOR VEHICLES AT THE OFFICE LISTED BELOW. IF YOU ARE UNABLE TO DO THIS, NOTIFY THE OFFICE IMMEDIATELY.

THE REVOCATION PERIOD WILL NOT BEGIN UNTIL YOU HAVE TURNED IN THE REVOKED ITEM(S), OR HAVE NOTIFIED THE DMV THAT YOU ARE UNABLE TO DO SO. BEFORE YOU CAN APPLY FOR RESTORATION OF YOUR DRIVER LICENSE AND VEHICLE REGISTRATION, YOU MUST PAY A \$750.00 CIVIL PENALTY. PAYMENT MUST BE BY CASH, CERTIFIED CHECK OR MONEY ORDER AND CAN BE MADE TO THE MOTOR VEHICLES OFFICE LISTED BELOW. DO NOT MAIL CASH. YOU MUST ALSO COMPLETE FORM FS-15, AFFIRMING THAT THERE ARE NO OUTSTANDING JUDGEMENTS OR CIVIL ACTIONS PENDING AGAINST YOU, AND SUBMIT IT TO THE INSURANCE SERVICES BUREAU, 6 EMPIRE STATE PLAZA, ALBANY, NY, 12228.

DEPARTMENT OF MOTOR VEHICLES