



**REQUEST FOR REIMBURSEMENT
OF DRIVER'S LICENSE REINSTATEMENT FEE**

I, _____, submit request for reimbursement of the reinstatement of my
Class D Driver's License, and attests as follows:

I am resident of _____ and reside at _____.
State Address on License

My Driver's License was suspended because: _____
_____.

I have been informed that my Driver's License Reinstatement Fee totals \$_____.

I have attached a copy of my Driver's License and Motor Vehicle Report.

I have proof of financial responsibility for the operation of a motor vehicle (Please
attach copy of Reinstatement Order Form or Purchase Receipt, etc.)

My insurance carrier is _____. (Please provide proof
of insurance)

I affirm that the above mentioned statements are true and correct. I understand that the
DREAMS Program may provide a **once-in-a-lifetime** reimbursement assistance for up to 50% of
total Driver's License Reinstatement Fee for the purpose of attaining gainful employment.

Client Signature

Date

Office Use Only

() APPROVED The applicant is approved for the reimbursement in the amount of \$_____.

() DISAPPROVED Comments: _____
_____.

DREAMS Program Director

Date

