



**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 (MVP report from local Tag agency).

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, in your name)

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 **DRIVER'S LICENSE REINSTATEMENT FEE ONLY** 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

