



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES

# Restriction Removal Notification

**Instructions: This form must be signed to request removal of the 'ANY USE OF ALCOHOL OR DRUGS INVALIDATES LICENSE' restriction on the driver's license and driving record after 10 years.**

This form can be faxed to (651) 797-1298. You may also bring this form to any Driver Exam Station (Visit the [DVS Website](#) for all Office Locations) or mail this form to Driver and Vehicle Services, 445 Minnesota Street, Suite 170, St. Paul, Minnesota 55101. For questions, contact DVS at (651) 296-2025 or visit [dvs.dps.mn.gov](#).

I, \_\_\_\_\_ am requesting  
(First Name) (Middle Name) (Last Name)

removal of the 'Any use of alcohol or drugs invalidates license' restriction on my driver's license. I understand that a background check of the past 10 years is required before removal is approved. If the background check is returned without a reference to alcohol consumption, use or possession of a controlled substance, you will be notified to apply for a duplicate or renewal driver license to have the restriction removed.

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Driver's License Number

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date