

New York State Department of Motor Vehicles Insurance Services Bureau - 6 Empire State Plaza - Albany NY 12228

AFFIRMATION UNDER SECTIONS 318(9) & 318(11) OF THE NEW YORK VEHICLE AND TRAFFIC LAW

www.nysdmv.com

OMV Case #	Accident Date		Revocation Order #
his affirmation is not a	cceptable if completed be	efore	
ISTRUCTIONS: Complete	this form by filling in the bla	nk spaces. Return it to the ad	dress at the top of this page.
	AF	FIRMATION	
	lame in Full)	, affirm under penalties of	perjury that:
(Print N	ame in Full)		
(1) I reside at		(Number, Street, Apartment No.)	
		(Number, Street, Apartment No.)	
(City)		(State)	(Zip Code)
(2) I was involved in an	accident as the (check one or	<i>both)</i> □ owner □ ope	erator of a motor vehicle on
	ot.		At that time I madidad a
(Date of Accident)	at)	(Location of Accident)	At that time, I resided a
	(Nun	nber, Street, Apartment No.)	
	City)	(State)	(Zip Code)
,	- 47	(3.8.3.)	()
	ved, nor are there any unsatisf		ar from the date of the accident by any gainst me resulting from any such legal
(4) One year has passed	since I complied with the reve	ocation order. I request that m	y driving privileges be restored.

(Date of Birth)

(Date)

(Signature - Sign Name in Full)