



2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.flhsmv.gov

NOTICE OF ORDER OF SUSPENSION AND FINAL ORDER
(MAIL DATE)

Name
Address
City, State Zip Code

Mail To
Bureau of Motorist Compliance
Neil Kirkman Building
2900 Apalachee Parkway
Tallahassee, Florida 32399
(Mail Stop #)
(Fax #)

FR Sanction Number: (Begins with "8")
DL/ID Number:

This document serves as official notification from the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) that your driving privilege and/or vehicle registration(s) will be suspended (**Effective Date**) at 12:01 a.m. per sections 324.0221(2) and 320.02(11), Florida Statutes because your insurance company has denied the insurance coverage you provided at the time of registration for a (VehicleYear),(VehicleMake), vehicle with (VIN). Questions regarding why your policy was denied should be directed to your insurance company.

To possibly avoid suspension, comply with one of the following **prior to (Effective Date)**:

1. Update your insurance information with FLHSMV, which will be electronically verified, by visiting your (**MyDMVPortal**) or using the 24-hour, seven-day-a-week automated phone service at (Phone #) and follow the prompts; **or**
2. Complete the attached form and either fax or send to the "mail to" address listed above; **or**
3. Visit a Florida driver license and motor vehicle service center or tax collector office offering driver license services. For a list of locations, visit (web link). An additional \$(amount) service fee is charged by tax collector offices. You will be required to clear any pending sanctions that may appear on your record. Additional fees may be required.

If complying on or after (**Effective Date**), you will be required to pay a reinstatement fee of \$(PIPFee). If you are active duty military, have out-of-state insurance, or require additional information, please visit (web link) for assistance with resolving your sanction.

If you believe you have any basis to show why this action is incorrect, you may request a hearing to present evidence per section 322.271, Florida Statutes. Please note, a request for a hearing does not stop the suspension from going into effect on (**Effective Date**) and does not stop the 30-day timeframe to appeal from the effective date of the Final Order per section 322.31, Florida Statutes. Please visit your (**MyDMVPortal**) or contact (phone #) to request a hearing. A fee is required when scheduling a hearing to contest the suspension.

This Notice of Suspension, dated and filed in the official records of the FLHSMV on (Date), will become a Final Order if you do not comply with the requirements filed, entered and effective on **(Effective Date)**, by the order of the Director of Motorist Services, (name).

(Signature block)

Para ver esta carta en Español, por favor visite **#FLHSMVSpanish#**.

SAMPLE

Instructions for Complying

To clear your record, you must select one option for the following sanction listed below, as it applies to the status of the vehicle and FR sanction number. If any of the options you selected for the sanction occurred on, or after, the **(Effective Date)**, suspension date, please enclose a check or money order payable to Motorist Services for a \$(PIPfee) reinstatement fee.

You can also visit your **(MyDMVPortal)** and provide the required information to comply with the suspension. Continue checking your **(MyDMVPortal)** for updates regarding your driving privilege at least 10 business days after updating your insurance information. You may also check the status of your license at **DLCheck** or call (phone number).

Should you choose to comply with this letter by fax or mail, allow 10 business days for processing upon receipt by the FLHSMV. Enclose a copy of your insurance card, if applicable, and any other required documentation listed for the following sanction.

You must sign and date the perjury clause in order to clear your record.

UNDER PENALTY OF PERJURY, I DECLARE THAT THE FACTS STATED FOR THE FOLLOWING SANCTION ARE TRUE.

Signature

Date

FR Sanction Number: (FRSanctionNumber) **Vehicle Description:** (VehicleYear), (VehicleMake) **VIN:**(VIN)

I have Florida insurance on the above-listed vehicle. Complete the information below. Do not provide out-of-state information.

Complete Name of Insurance Company (not your agent's name)

Company Code (4 or 5 digits usually located next to policy number)

Policy Number

Policy Effective Date (must be prior to **(Effective Date)**)

If you do not have Florida insurance on the above-listed vehicle, please select one of the following options:

The vehicle was sold/repossessed on the following date: ___/___/____. Enclose form HSMV 82050 (Notice of Sale), which can be located on the FLHSMV website at (web link) under the resources tab.

I surrendered the plate and registration for this vehicle on the following date: ___/___/____. Enclose a copy of the receipt.

I am now surrendering the license plate and vehicle registration. Enclose the license plate and vehicle registration.

I have registered the vehicle in another state. Enclose a copy of the registration. If not registered prior to the **(Effective Date)**, suspension date, enclose a copy of your out-of-state insurance card to verify coverage prior to the suspension date. If the registration or insurance were not in effect prior to the suspension date, a \$(PIPFee) reinstatement fee is required.

I am currently on military duty assigned outside of the state of Florida and the above-listed vehicle is with me. Enclose a copy of your military orders and out-of-state insurance by providing a letter from the insurance company on their letterhead. If the military orders or out-of-state insurance are not in effect prior to the **(Effective Date)**, suspension date, a \$(PIPFee) reinstatement fee is required.