



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

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## 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:  
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 (**Effective Date**), at 12:01 a.m. because the insurance information you provided on (Insurance Received Date), to comply with the above-referenced FR sanction has not been confirmed by (Insurance Company Name) for policy number (Policy Number) per section 324.0221, Florida Statutes.

To possibly avoid suspension, obtain written verification from the insurance company on their letterhead showing policy information, including the effective date, level of coverage, policy number, and vehicles covered on (Event Date), prior to (**Effective Date**). Do not include a declaration page or insurance card. The letter must include the FR sanction and DL/ID numbers listed above. Fax or send the letter to the "mail to" address listed above. Please allow three business days for electronic transactions and 10 business days for mail-in transactions to appear on your record.

If you presented an SR-22 or FR-44 (certification of liability insurance) form as proof of insurance, your insurance company must electronically submit the SR-22 or FR-44 form to the FLHSMV prior to (**Effective Date**).

For possible immediate clearance, bring the written verification from your insurance company to 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 \$(fee) service fee is charged by tax collector offices.

Check the status of your driving privilege on your (**MyDMVPortal**) or at **DLCheck**.

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.

HSMV-@LetterTypeCode@ (Rev. 03/2020)

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This Notice of Suspension, dated and filed in the official records of the FLHSMV on (Mail 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).

SignatureBlock

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

SAMPLE