



FOR OFFICE USE ONLY

MVID # \_\_\_\_\_

**RECORD REVIEW REQUEST**

to be considered for limited driving privileges

<b>REQUESTOR INFORMATION:</b>				
LAST NAME		FIRST NAME, MIDDLE NAME		BIRTHDATE (mm/dd/yyyy)
ADDRESS		CITY	STATE	ZIP
DRIVER LICENSE NUMBER / STATE / CLASS		PHONE NUMBER		
Email address to send documents to:				
Email address to send payment link:				
<b>ATTORNEY INFORMATION (complete only if attorney is making this request on behalf of client):</b>				
NAME OF FIRM				
ATTORNEY'S NAME				
PHONE NUMBER				
<b>REQUEST:</b>				
I would like to request a review of my record for the following action taken against my driving privileges/driver license by the State of Wyoming to see if I am eligible for a <b>probationary license</b> .				
<input type="checkbox"/> Suspension		<input type="checkbox"/> Denial		
<input type="checkbox"/> Disqualification		<input type="checkbox"/> Other _____		
<input type="checkbox"/> Cancellation				
Was this action as a result of a DUI arrest?				
<b>If yes</b> , please provide the date arrested _____.				
<b>If no</b> , please provide the date of the letter notifying you of this action and the type of action. _____.				
SIGNATURE OF REQUESTOR			DATE	
PARENT'S SIGNATURE (if under 18 years old)			DATE	
<b>PAYMENT INFORMATION</b>				
<ul style="list-style-type: none"> <li>A fifteen (\$15) dollar fee is required in order to process this request. <b>Do not</b> mail cash and we <b>do not</b> accept temporary checks. Your request is not considered received, until payment is made.</li> <li><b>CREDIT CARD PAYMENT OPTION:</b> If you would like to pay by credit card, for an additional \$2.50 fee, you will be contacted when we are ready to process your request. Please provide your email address above and initial here: _____.</li> <li>It is recommended you send your request certified mail, return receipt, so you have proof of delivery.</li> <li>Your request will be processed within 7 - 10 business days and you will receive an acknowledgement by mail or email.</li> </ul>				

If you have any questions, please contact Driver Compliance at [dot-dscomp@wyo.gov](mailto:dot-dscomp@wyo.gov) or 307-777-4839.**RETURN FORM AND FEE TO:** WYDOT - DRIVER SERVICESDriver Compliance  
5300 Bishop Blvd  
Cheyenne, WY 82009