

DEPARTMENT OF ADMINISTRATION
Division of Motor Vehicles/Anchorage Driver Services
4001 Ingra Street, Suite 101
Anchorage, Alaska 99503
doa.dmv.ads@alaska.gov

Pursuant to AS 28.33.140(g), A person who has had a Commercial Driver License (CDL) disqualified for life may apply to the department for reinstatement of the CDL. To be eligible for a termination of CDL disqualification, you must have served at least 10 years of the disqualification period, successfully completed an appropriate rehabilitation program and have not committed a felony or misdemeanor offense involving the operation of a motor vehicle during the period of disqualification.

SUBMISSION CRITERIA

SUBMIT this application if:

1. Your CDL was disqualified for life under AS 28.33.140(e)
2. 10 years has passed since your privilege to drive a commercial motor vehicle was disqualified.
3. You have not committed a felony or misdemeanor offense involving the operation of a motor vehicle since your CDL was disqualified.

DO NOT SUBMIT this application if:

1. You have committed a felony or misdemeanor offense involving the operation of a motor vehicle since your CDL was disqualified.

APPLICATION FOR TERMINATION OF LIFETIME CDL DISQUALIFICATION

All sections of this application must be completed and all required documents in Section B must be attached. Applications not meeting submission requirements will not be processed. Once your application is accepted, your criminal record and driving record will be reviewed for eligibility. If your application for termination is approved, you will be notified of your reinstatement requirements.

SECTION A: APPLICANT INFORMATION

Applicants Printed Name	Birthdate	Driver's License No.
Print Complete Mailing Address		
I understand that approval of my application will not alter any current court order prohibiting driving as a condition of release.		
Signature		Date

SECTION B: REQUIRED DOCUMENTS

Alaska Criminal Record.

You may obtain your criminal record from the Alaska State Troopers. The contact number is (907) 269-5697.

SECTION C: VERIFICATION OF REHABILITATION PROGRAM (example: Alcohol Safety Action Program aka ASAP)

REHABILITATION PROGRAM MUST FILL OUT THIS SECTION.

CASE NO. _____	I certify that _____	
	<small>(Printed Name of Applicant)</small>	
has satisfied the screening, evaluation, referral, and program requirements required by AS 28.35.030(h).		
Authorized Signature	Printed Name	Date
Program Location	Business Telephone Number	