MOT MARYLAND DEPARTMENT OF TRANSPORTATION

DC-226 05-19

MOTOR VEHICLE ADMINISTRATION

REQUEST FOR REMOVAL OF ALCOHOL/DRUG RESTRICTION

REQUEST FOR REMOVAL OF ALCOHOL/DRUG RESTRICTION

This form is to be used when a Maryland licensed driver is requesting the removal of an alcohol/drug restriction from their driver license.

FIRST NAME	MIDDLE NAME		LAST NAME
STREET ADDRESS			
COUNTY	CITY	STATE	ZIP CODE
DRIVER LICENSE NUI	MBER		
CERTIFICATION	OF REQUEST		
I	an	n requesting that th	e Alcohol/Drug Restriction be removed
from my driving	record.		-
	st of my knowledge, information moved from my driving record		neet the qualifications to have the alcohol/
SIGNATURE			DATE
Criteria for Alcohol/Drug Restriction Removal			
Alcohol/Drug Restriction 1 – A customer with <u>none or 1 alcohol/drug related incident within 5 current</u> <u>years</u> may inquire about having an alcohol/drug restriction removed one year from the date the restriction was imposed provided the customer: (1)Held a valid driver license for a minimum of one year; and, (2) Has not been involved in any alcohol/drug incidents during the period; and (3)Does not have any pending alcohol/ drug related charges.			
Alcohol/Drug Restriction 2 – A customer with 2 alcohol/drug related incidents within 5 current years may inquire about having an alcohol/drug restriction removed three years from the date the restriction was imposed, provided the customer: (1) Held a valid driver license for a minimum of one year; and, (2) Has not been involved in any alcohol/drug incidents during the period; and (3) Does not have any pending alcohol/drug related charges.			
years or drug rela removed five yea license for a mini	ated incident involving a fatalit r s from the date the restrictio	ty may inquire about n was imposed, prov s not been involved i	I/drug related incidents within 5 current having an alcohol/drug restriction vided the customer: (1) Held a valid driver n any alcohol/drug incidents during the arges.