Division of Vehicles
Driver Solutions
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Samuel M. Williams, Secretary
Lisa Kaspar, Director of Vehicles

Department of Revenue

Sam Brownback, Governor

NOTICE OF WITHDRAWAL OF SUSPENSION

DRIVERS LICENSE NO: _____

DATE OF BIRTH: _____

CASE NO: _____

DATE OF OFFENSE: _____

CHARGE: _____

CDL: YES ☐ NO ☐ **CMV: YES ☐ NO ☐**

HAZARDOUS MATERIALS: YES ☐ NO ☐

FINE: _____

COURT COSTS: _____

OTHER COSTS: _____

REINSTATEMENT FEE: _____
($59.00 FOR EACH CHARGE CANNOT BE WAIVED)

TOTAL AMOUNT DUE: _____

NOTICE

The suspension imposed for this violation may be withdrawn.

NAME OF COURT: _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

COURT TELEPHONE: _____

DATE _____ SIGNATURE OF JUDGE OR COURT CLERK _____

UPON COMPLIANCE, RETURN ONE COPY OF THIS REINSTATEMENT ORDER TO THE DIVISION OF VEHICLES. IF CONVICTED, ATTACH ABSTRACT OF CONVICTION..