



Administrative Driver's License Revocation Office ("ADLRO")
American Savings Bank Tower
1001 Bishop Street, Suite 500
Honolulu, Hawai'i 96813
Telephone: (808) 534-6800 / Fax: (808) 534-6888
Toll Free Number: 1-866-826-5656
Website: www.courts.state.hi.us/courts/administrative/adlro.html

Date Received: _____

REQUEST TO RECONSIDER ADMINISTRATIVE REVOCATION OF LICENSE

Full Name: _____ Date of Arrest: _____
Mailing Address: _____ Social Security No.: xxx-xx-_____
_____ Arrest Report No.: _____
Telephone No.: _____

Pursuant to Chapter 291E, Part III, Hawai'i Revised Statutes, you may submit within three (3) days of the issuance of the Notice of Administrative Revocation in the case of an alcohol related offense and within seventeen (17) days in the case of a drug related offense, written information demonstrating why your license and privilege to operate a vehicle, and motor vehicle registration, if applicable, should not be administratively revoked.

Write your information and response explaining why your license and privilege to operate a vehicle, and motor vehicle registration, if applicable, should not be administratively revoked below. Please use this form to submit your request. You may hand deliver, fax or mail your response to ADLRO at the above address. Please type or clearly print all information.

(You may attach additional sheets if necessary.)

(Signature)

Date: _____