

**MICHIGAN DEPARTMENT OF STATE
Enforcement Division**

DRIVER LICENSE ALERT

CAREFULLY READ AND COMPLETE THE FOLLOWING ONLY IF YOU WISH TO HAVE AN ALERT PLACED ON YOUR DRIVING RECORDS. Every space must be complete and this form must be submitted by mail or fax to the specified locations below in order for the ALERT to be placed on your driving record.

Please place an alert on my driving record for the following reason(s): _____

I understand that, should I be stopped for a traffic violation, I will also be required to provide sufficient proof of my identity.

Signature: _____

Printed Name: _____

Driver License Number: _____ Date of Birth: _____

Current Street Address: _____

City & Zip Code: _____ Daytime Phone Number: () _____

Return this completed form to:

Michigan Department of State
Enforcement Division – Special Services Section
P O Box 30708
Lansing, MI 48909 – 8208
Fax: (517) 322 – 5661