



Driver Records Management Bureau  
P.O. Box 134  
Trenton, NJ 08666-0134  
609-292-7500  
609-984-4407 (fax)  
Suspension.Info@mvc.nj.gov

## RESTORATION REQUIREMENT APPLICATION

This application is required for representatives seeking the requirements to restore the driving and/or registration privilege of another or others, along with a DO-21A, Notarized Authorization to Release Personal Motor Vehicle Information form, for every individual for whom information is requested. These forms can be acquired from the Motor Vehicle Commission (MVC) website at [www.njmvc.gov](http://www.njmvc.gov).

There is no fee for this service. This application may be photocopied for your convenience; however, both pages one (1) and two (2) must be completed and submitted for your request to be considered. You may mail, fax or email the completed application to the MVC at the above address. Please allow 10 business days to process the application.

**ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO OBTAIN RESTORATION REQUIREMENT INFORMATION  
(PLEASE PRINT CLEARLY)**

ORGANIZATION'S NAME \_\_\_\_\_

REQUESTER'S NAME & TITLE (First, MI, Last) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

\*REQUESTER'S EMAIL ADDRESS (if applicable) \_\_\_\_\_

REQUESTER'S DRIVER LICENSE NUMBER \_\_\_\_\_

**NOTE: THE REQUESTER COMPLETING THE APPLICATION ON BEHALF OF THE ORGANIZATION MUST SUBMIT A PHOTOCOPY OF HIS OR HER CURRENT DRIVER LICENSE OR NON-DRIVER IDENTIFICATION CARD. IF NEITHER OF THESE DOCUMENTS ARE AVAILABLE, PLEASE CONTACT THE DRIVER RECORDS MANAGEMENT BUREAU AT THE NUMBER LISTED ABOVE FOR ASSISTANCE.**

For Official Use Only

Please enter all requested information in the fields below for each individual for whom you are seeking restoration requirements.

NJ DRIVER LICENSE NUMBER	FULL NAME (F,M,L, Suffix)	DATE OF BIRTH (MM/DD/YYYY)

**NOTE: THE APPLICATION MUST BE ACCOMPANIED BY A PHOTOCOPY OF A CURRENT DRIVER LICENSE OR A NON-DRIVER IDENTIFICATION CARD IN ADDITION TO A COMPLETED DO-21A FOR EACH INDIVIDUAL LISTED ABOVE. THE MVC MAY REQUEST A COPY OF THE INDIVIDUAL'S BIRTH CERTIFICATE OR OTHER DOCUMENTATION FOR VERIFICATION PURPOSES.**

The disclosure and use of the personal information<sup>1</sup> contained in the record you have requested is governed by the "New Jersey Drivers' Privacy Protection Act," N.J.S.A. 39:2-3.3 et seq. The Drivers' Privacy Protection Act provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney's fees and litigation costs.

<sup>1</sup> "Personal Information" means information that identifies an individual, including an individual's photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.

**I certify that I will use any personal information contained in the record(s) I have requested only for the purpose of obtaining the requirements for restoration of the driving and/or registration privileges of the individuals listed on this form. I further certify that all the foregoing statements made by me are true. I understand that if any of the statements are willfully false, I am subject to punishment.**

*\*If this requested information is being electronically returned to the requester, please be aware that the MVC follows certain protocols regarding the encryption of data in emails to maintain compliance with modern information security standards. As the requester, it is your responsibility to ensure the data being sent electronically to the requester's email can be opened on your electronic device.*

\_\_\_\_\_  
**PRINTED NAME OF REQUESTER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF REQUESTER**  
**(Original Signature Only – Signature Stamps Are Unacceptable)**