





AFFIRMATION UNDER SECTIONS 318(9) & 318(11) OF THE NEW YORK VEHICLE AND TRAFFIC LAW

MV ase #		Accident Date	Revocation Order #	
nis a	AFFIRMATION AFFIRMATION AFFIRMATION AFFIRMATION AFFIRMATION AFFIRMATION AFFIRMATION (Print Name in Full) (City) (State) (City) (City) (State) (City) (State) (City) (State) (City) (City) (State) (City) (State) (City) (State) (City) (City) (State) (City) (State) (City) (City) (City) (State) (City) (City) (City) (City) (State) (City) (City)			
ISTR	UCTIONS: Complete this form by filli	ng in the blank spaces. Return it to t	he address at the top of this page.	
		AFFIRMATION		
	(Print Name in Full)	, affirm under penalti	es of perjury that:	
(1)	I reside at	(Number, Street, Apartment N	o.)	
	(City)	(State)	(Zip Code)	
	atat	(Location of Accident)	At that time, I resid	ded
	(Number, Street, Apartment No.)			
	(City)	(State)	(Zip Code)	
(3)	damaged party involved, nor are there			
(4)	One year has passed since I complied	with the revocation order. I request t	hat my driving privileges be restored.	
	(Signature - Sign Name in	- 10	Date of Birth) (Date)	

