

Department of Motor Vehicles
Driver Licensing Division
[Mailing Address]
[City, State, Zip Code]

Date: [Date]

RE: NOTICE OF INTENT TO SUSPEND DRIVER'S LICENSE

Driver Name: [Driver Full Name]

Driver License Number: [License Number]

Case Number: [Case Number]

Dear [Driver Name],

This letter serves as official notification that your driving privileges are scheduled for suspension effective [**Suspension Date**]. This action is being taken due to your failure to maintain valid proof of financial responsibility (SR-22) as required by state law following [Reason for Requirement, e.g., DUI, Reckless Driving, or Uninsured Accident].

To prevent the suspension of your driver's license, you must take the following actions before the effective date listed above:

- Contact an authorized insurance provider to obtain an SR-22 Financial Responsibility Certificate.
- Ensure the insurance company files the SR-22 form electronically with the DMV.
- Pay any applicable reinstatement or administrative fees totaling \$[Amount].

If the DMV does not receive confirmation of your SR-22 filing by the deadline, your license will be suspended indefinitely. Operating a motor vehicle while your license is suspended is a criminal offense and may lead to vehicle impoundment, additional fines, and imprisonment.

If you believe this notice has been sent in error, or if you have already filed your SR-22, please contact the DMV Driver Services Department immediately at [Phone Number].

Sincerely,

Department of Motor Vehicles
State of [State Name]