

To: [Department of Motor Vehicles / Bureau of Motor Vehicles]

From: [Your Full Name]

Address: [Your Mailing Address]

Driver's License Number: [Your License Number]

Case/Reference Number: [If Applicable]

Date: [Current Date]

Subject: Proof of Financial Responsibility (SR-22) and Request for License Reinstatement

To Whom It May Concern,

I am writing to formally submit proof of financial responsibility to avoid the suspension of my driving privileges and to request the immediate reinstatement of my driver's license.

Attached to this letter, please find the SR-22 certificate issued by [Name of Insurance Company] under policy number [Insurance Policy Number]. This filing confirms that I have obtained the required liability insurance coverage as mandated by state law.

I have also enclosed the required reinstatement fee in the amount of \$[Amount].

Please update my records to show that I am now in full compliance with all financial responsibility requirements. If any further documentation or action is required on my part to prevent suspension or finalize the reinstatement, please notify me immediately at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Attachments:

1. SR-22 Certificate of Financial Responsibility
2. Proof of Reinstatement Fee Payment