

DEPARTMENT OF MOTOR VEHICLES / BUREAU OF MOTOR VEHICLES

Date: [Insert Date]

RE: NOTICE OF SR-22 FILING LAPSE AND IMPENDING SUSPENSION

Case Number: [Insert Case Number]

Driver's License Number: [Insert License Number]

Dear [Insert Driver Name],

Our records indicate that your SR-22 Financial Responsibility insurance certificate, previously on file with this department, has been canceled or has expired effective [Insert Cancellation Date].

Under state law, you are required to maintain a valid SR-22 filing on record to retain your driving privileges. Because your filing has lapsed, your driver's license and vehicle registration are scheduled to be **SUSPENDED** effective [Insert Suspension Date].

To prevent this suspension, you must do one of the following before the effective date listed above:

- Contact your insurance provider to reinstate your SR-22 filing and ensure they transmit proof of coverage to this department immediately.
- Obtain a new SR-22 policy from a licensed insurance carrier and file the new certificate with our office.

If your driving privileges are suspended, you will be required to pay a reinstatement fee of \$[Insert Amount] and file a new SR-22 certificate before your license can be returned to active status.

If you believe this notice was sent in error, please contact our Compliance Division at [Insert Phone Number].

Sincerely,

[Insert Name/Department]

[Insert Agency Name]