

ELECTION TO ATTEND A DRIVER IMPROVEMENT COURSE

TICKET # _____

I understand this option is available to me if:

- I do not possess a CDL Driver's License.
- I have not made an election within the last twelve months.
- I have not made five elections in a 10 year period.
- I am making this election within 30 calendar days of the date this ticket was issued.
- I have not been charged with a driver's license, registration, insurance, non-moving violation or mandatory court violation.

I understand to satisfactorily complete this election, I must:

- Mail or bring this election form and applicable fine (see chart) to the Clerk & Comptroller within 30 calendar days of the date this ticket was issued. (See addresses/phone # below)
- Attend and complete a State approved defensive driving course in the State of Florida (refer to the local phone directory yellow pages under Driving Instruction or Traffic Schools for approved driver improvement courses) and I must PRESENT PROOF OF COMPLETION to the Clerk & Comptroller within 60 days of the date this election is received by the Clerk & Comptroller.

I understand that if I satisfactorily complete this election:

- My driver's record will not reflect a conviction.
- Points will not be assessed against my driver's license.

I understand that if I fail to complete any requirement of this election or I am ineligible for this election:

- I will be guilty of the offense and my driver's record will be changed to show a conviction of this offense.
- Points will be assessed against my driver's license.
- Additional fines, costs and fees will be due.

NOTICE: DO NOT SIGN THIS ELECTION UNLESS YOU ARE SURE YOU UNDERSTAND ALL OF THE CONDITIONS FOR A DRIVER IMPROVEMENT COURSE ELECTION. FAILURE TO COMPLY WITH THE CONDITIONS WILL RESULT IN SUSPENSION OF YOUR DRIVER'S LICENSE. NO EXTENSIONS OR EXCEPTIONS CAN BE MADE.

My signature indicates my intent to elect to attend a driver improvement course. By signing this form, I understand that I must complete the class and present my proof of completion to the Clerk & Comptroller or pay additional fees and points will be assessed on my record.

Name: _____

(Please Print)

Address: _____

City/State/Zip: _____

Phone Number: _____

Signature: _____

- YOU MUST MAIL OR BRING THIS ELECTION FORM AND APPLICABLE FINE TO ONE OF THE ADDRESSES LISTED BELOW WITHIN 30 CALENDAR DAYS OF THE DATE THIS TICKET WAS ISSUED.
- YOU MUST RETURN PROOF OF COMPLETION TO ONE OF THE ADDRESSES LISTED BELOW WITHIN 60 CALENDAR DAYS OF THE DATE THIS ELECTION IS RECEIVED BY THE CLERK & COMPTROLLER.
- TRAFFIC VIOLATIONS BUREAU TRAFFIC VIOLATION BUREAU
P.O. BOX 338 38053 LIVE OAK AVENUE
NEW PORT RICHEY, FL 34656-0338 DADE, CITY, FL 33523-3894
(727) 847-8195 (352) 521-4430