



AFFIDAVIT for REINSTATEMENT of DRIVER'S LICENSE



AFFIDAVIT OF _____

STATE OF NEW MEXICO)

) ss.

COUNTY OF _____

I, _____, affirm that:

1. I am ____ years of age. My date of birth is _____.
2. I have applied for reinstatement of my driver's license # _____.
3. I was convicted of DWI on _____.
4. The court ordered me to install an interlock device and obtain an interlock license for _____ years.
5. I have satisfied the court-ordered ignition interlock requirement.
6. I installed the interlock device on _____ and obtained the interlock license on _____.
7. I have had the interlock driver's license and interlock device for a minimum period of six months.
8. The interlock device was installed and maintained by _____.
9. The interlock vendor's/company's phone number is _____.
10. I understand that the reinstatement fee is for the application, and if it is later determined I am not eligible, the fee will not be refunded.

FURTHER, AFFIANT SAYETH NOT.

Signature of Applicant for Reinstatement

Warning: Any person who makes any false affidavit, or knowingly swears or affirms falsely to any matter required by the Motor Vehicle Code is guilty of perjury, which is a fourth degree felony (Sections 66-5-38 and 30-25-1 NMSA 1978).