

MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES

445 Minnesota Street Suite 170 Phone: (651) 296-2025 TTY: (651)282-6555 Web: dps.mn.gov/divisions/dvs

Saint Paul, MN 55101-5170

REHABILITATION REQUIREMENTS

A person who is involved in three (3) or more alcohol or controlled substances incidents may have their driving privileges canceled as inimical to public safety (M.S. § 171.04). NO DRIVING PRIVILEGES, INCLUDING A WORK OR LIMITED LICENSE, WILL BE ISSUED UNTIL ALL OF THE REHABILITATION REQUIREMENTS HAVE BEEN SATISFIED.

To be reinstated the person must complete rehabilitation as required by Minnesota Rule 7503.1700. Briefly, the person must:

Abstain from the consumption of any drink or product containing alcohol or controlled substances, at all times, even when not operating or in physical control of a motor vehicle. The person must document abstinence from the consumption of alcohol or controlled substances as follows:

For Reinstatement after:	Minimum Abstinence Period:	alcohol or controlled	If the person does not complete treatment/aftercare, has non-favorable prognosis, or fraudulently represents facts:
First Rehabilitation	One (1) year		Plus One (1) year
Second Rehabilitation	Three (3) years	Plus One (1) year	Plus One (1) year
Any Additional Rehabilitations	Six (6) years	Plus One (1) year	Plus One (1) year

Note: Additional abstinence time may be required if the person lives in a controlled environment (prison, jail, halfway house, etc.) during the abstinence period.

- Submit a discharge summary showing successful completion of chemical dependency treatment. The program must be at least 48 hours long, abstinence based and state approved. The treatment must be completed after the last consumption of any drink or product containing alcohol or controlled substances. The *summary* must include:
 - A narrative regarding the treatment program and results a)
 - The date that any drink or product containing alcohol or controlled substances was last consumed b)
 - c) The starting and ending dates of treatment
 - A prognosis regarding progress in the program, a recommendation regarding aftercare and verification that aftercare has been completed

A relapse treatment program of at least 24 hours may be substituted if treatment has been previously completed. An additional year of abstinence will be required if the requirement for treatment is waived per Minnesota Rule 7503.1700. Subpart 2a.

- Provide evidence of weekly attendance in a generally recognized, ongoing abstinence-based support group, such as AA, for a minimum of three months immediately prior to reinstatement.
- **Demonstrate** abstinence. The person must submit support statements from at least five (5) people who have had weekly contact with the person during the required abstinence period. The letter writers must agree to notify the Minnesota Department of Public Safety in writing if the person, they are supporting, consumes any drink or product containing alcohol or controlled substances after the abstinence date they certified. The required statement is on the back and may be photocopied.
- Interview. The person must have an interview with a Driver Improvement Specialist. At the interview, the person must complete a statement that outlines the conditions under which the person's driving privileges will be issued.
 - For the Twin Cities Area: Interviews are held between 8:00 A.M. and 3:30 P.M., Monday thru Friday, except holidays, at the Town Square building, #170, 445 Minnesota Street, St. Paul
 - For an Interview in greater Minnesota: In greater Minnesota, or for out of state residents, submit the above documentation to the Driver Evaluation Unit at Driver & Vehicle Services, 445 Minnesota Street, Suite 170, St. Paul, Minnesota 55101-5170. An interview will be scheduled in the person's home area. For out of state residents who are not near an interview site, it may be possible to meet the requirement by mail. The rehabilitation documents must be submitted before an interview will be scheduled.

If you have questions, please call 651-296-2025, or write to the address listed above.

These requirements are based on Minnesota Statutes and Rules and are subject to change without notice.



I am supporting driver license reinstatement for:

SUPPORT STATEMENT FOR A PERSON REQUESTING REINSTATEMENT



Support statements showing weekly contact with the person seeking reinstatement must be provided for the required abstinence period.

	First Name	Middle Name	Last name	Date of Birth		
1)	I certify that I have not witnessed nor have other knowledge that the above named person has consumed any drink or					
	product containing alcohol or controlled substances since (date)					
2)	I certify that I have been in weekly contact with the above named person since (date)					
3)	In further support of reinstatement for the above named person I certify that					
4)	I certify that I will promptly report in writing to the Commissioner of the Minnesota Department of Public Safety the consumption of any drink or product containing alcohol or controlled substances, by the above named person. Notification should be mailed to Driver and Vehicle Services, 445 Minnesota Street, Suite 170, St. Paul, Minnesota 55101-5170.					
5)	I certify that I am not related to the above named person by blood, marriage or adoption. Also, the above named person is not my parent, step-parent, guardian, employee or employer. Furthermore, I do not reside intermittently or regularly in the same dwelling as the above named person and I am not the person's spouse.					
	Supporter's Full Printed Nam	ne:				
	Date of Bir	th:				
	Addre	ss:				
	C	ity:	State:	Zip:		
Daytime Phone Number:						
I certify that all the information I have given is true and correct:						
. 30	,					
	6:		- .			
Su	Supporter's Signature: Date:					

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Letters attesting to abstinence will not be accepted if more than 30 days old. This statement plus statements from four (4)

other individuals are required for reinstatement under Minnesota Rule 7503.1700.