

New York State Department of Motor Vehicles Insurance Services Bureau - 6 Empire State Plaza - Albany NY 12228

AFFIRMATION UNDER SECTIONS 318(9) & 318(11) OF THE NEW YORK VEHICLE AND TRAFFIC LAW

www.nysdmv.com

DMV Case #	Accident Date	Revocation Order #			
This affirmation is not acceptable if completed before					

		AFFIRMATION			
ι,	, affirm under penalties of perjury that: (Print Name in Full)				
(1) I reside at	(Number, Street, Apartment No.)			
		(Number, Street, Apartment No.)			
	(City)	(State)	(Zip Code)		
(2)	I was involved in an accident as the (che	eck one or both) 🗆 owner 🗀 operato	or of a motor vehicle on		
	at		At that time, I resided at		
	(Date of Accident)	(Location of Accident)			
		(Number, Street, Apartment No.)			
	(City)	(State)	(Zip Code)		
(3)		nst me which were started within one year fro ny unsatisfied judgments outstanding against			
(4)	One year has passed since I complied w	ith the revocation order. I request that my dri	iving privileges be restored.		