

Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Department of Motor Vehicles]

[Address]

[City, State, Zip Code]

Subject: Appeal for Suspension of Commercial Driver License

Dear [Recipient's Name or Title],

I am writing to formally appeal the suspension of my commercial driver license (CDL) [License Number] which was issued on [License Issue Date]. I understand that this suspension was enacted due to [briefly state reason for suspension, e.g., traffic violations, failure to comply with regulations]. I acknowledge the seriousness of these issues.

However, I would like to present my case for reconsideration. [Explain any mitigating circumstances, compliance with regulations since the incident, or personal statements highlighting your dedication to safe driving and adherence to the law].

My driving license is crucial for my employment as a [Your Job Title] at [Your Employer's Name]. [Mention how the suspension affects your livelihood and responsibilities toward family or community].

I respectfully request the opportunity for a hearing to discuss my circumstances further. I am committed to fulfilling all requirements and restoring my driving privileges to ensure safe travel for all.

Thank you for considering my appeal. I hope to resolve this matter promptly and continue to serve my community safely.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]