

**DEPARTMENT OF MOTOR VEHICLES**  
**LICENSING OPERATIONS DIVISION**  
 Driver Safety Branch  
 1377 Fell Street, 2nd Floor  
 San Francisco, CA 94117-2296  
 Telephone: (415) 557-1170 FAX: (415) 557-7375



**ADMINISTRATIVE PER SE - REFUSAL  
 CANCELLATION OF HEARING**

DRIVER LICENSE OR FILE NO.
ARREST DATE May 17, 2017

**Rohnert Park, CA 94928**

At your request on July 15, 2017, your hearing scheduled on August 03, 2017, has been cancelled. A request to cancel the hearing relinquishes your right to a hearing or a department review pursuant to §14103 of the Vehicle Code (VC).

The stay of the suspension against your driving privilege has been ended. The suspension will be re-imposed effective July 13, 2017. The suspension will remain in effect through July 12, 2018

Please surrender any driver license in your possession to this department for the period of suspension specified or for any other suspension /or revocation that may be in effect. Failure to surrender your license is a misdemeanor under §14610 VC.

**THIS ACTION IS INDEPENDENT OF ANY OTHER ACTION TAKEN BY THE COURT OR THIS DEPARTMENT**

Before a driver license can be issued or returned to you after July 12, 2018, you must complete the following:  
 A \$125.00 reissue fee must be paid to DMV.  
 You must file proof of financial responsibility as provided in §16430 VC. (See attached or reverse.)  
 You must maintain proof of financial responsibility for three years.

**ADDITIONAL INSTRUCTIONS AND/OR REQUIREMENTS FOR RE-LICENSING:**

Clear a suspension under Section 13352.A (1) VC.

NOTE: If you drive while your driving privilege is suspended or revoked, you may be arrested and, if convicted, jailed and/or fined.

**Appeal Rights**

You may request a court review of this action by contacting the superior court in your county of residence within 90 days from the date shown below.

**Certificate of Service**

I hereby certify under penalty of perjury under the laws of the State of California, that on the date below, I presented to the person named above a true copy of this document; that I am over the age of eighteen years; an employee of the Department of Motor Vehicles at the business address shown above in the county where the office is located; and that I am not a party to the cause herein mentioned.

DATE 7/26/17	SIGNATURE OF AUTHORIZED DMV EMPLOYEE <i>[Signature]</i>
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**California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; From Voice Phones: 1-800-735-2922**

cc: **Jake Schwartz**  
**P O Box 5604**  
**Santa Rosa, Ca 95402**