



Department of Public Safety
 Driver Compliance Division
 P.O. Box 11415
 Oklahoma City, OK 73136-0415
 (405) 425-2098 or 425-2059
 reinstatehelp@dps.state.ok.us

 Last First Middle

 Street Address / Apt

 City State Zip

DL#: _____

DOB: _____

**PROOF OF COURT APPEARANCE OR PAYMENT OF FINE & COSTS
 NOTICE OF COMPLIANCE**

BB6 COMPLIANCE (NO INSURANCE - FTA)

The court requesting your driver license suspension has acknowledged your compliance with their requirements.

Citation #		Date of Violation			Arraignment Date		
Description of Violation							
Fine \$	Cost \$		Total		County Code	City Code	
Driver License #	Expiration Date	State	CDL	Date of Birth	Race	Sex	
Name:	Last	First	Middle				
Street Address							
City		State		Zip Code			
Vehicle Tag #	State	Veh Make	Veh Model	Veh Year	CMV	HAZ	

BB6c

COURT INFORMATION

Name of Court		
Mailing Address		
City	State	Zip Code
Telephone:	Area Code	Number

THE SUSPENSION IMPOSED FOR THIS VIOLATION MAY BE LIFTED UPON THE DRIVER'S REINSTATEMENT OF THE SUSPENSION WITH THE DEPARTMENT OF PUBLIC SAFETY

Driver has entered an appearance before the court **or** payment has been made to the court in the amount of \$ _____ covering the fine and costs for the violation described above.

Judge/Clerk Name	Date of Notice
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