



## Driver Improvement Course Affidavit

### In and for Jefferson County, Florida

You are eligible for the Driver Improvement Course if:

- 1) You **do not** hold a Commercial Driver's License
- 2) The citation **is not** for driving more than 30 MPH over the speed limit
- 3) You **have not** made this election within the last year (365 days)
- 4) You **have not** made this election more than 5 times

For more information regarding your eligibility, please contact your local Department of Highway Safety and Motor Vehicles Office.

If you would like to elect the Driver Improvement Course you must fill out the below Affidavit and submit the **payment for your fine plus an additional \$7.00 affidavit fee**, along with the Affidavit within 30 days of receiving your citation. Once your payment has been received, you will have an additional 60 days to complete your driver improvement course.

### IMPORTANT FACTS

- Once you make your election to attend a driver improvement course, you **cannot** change your mind.
- If you elect to take a driver improvement course and fail to complete the course within the allotted time, your license will be suspended and additional fees will be added.
- If you elect to take the driver improvement course and fail to complete the course, you will use one of your 5 elections and will not be able to take the course for another 365 days from the date of election.
- If you have an out-of-state license, contact your local Department of Highway Safety and Motor Vehicles in your state prior to making this election.

For a list of Florida approved courses, please visit [www.floridaapprovedcourses.com](http://www.floridaapprovedcourses.com).

#### DRIVER IMPROVEMENT COURSE ELECTION AFFIDAVIT

Under penalty of perjury, I swear or affirm that I have read the foregoing Driver Improvement Course Option information and I am eligible for and choose to elect this option pursuant to Florida Statute 318.14(9). I have enclosed the payment and affidavit fee required by law.

Name: \_\_\_\_\_ Citation: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sworn to and subscribed before me on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)