



## Mandatory Liability Insurance Notice of Suspension

Date of correspondence: 06/20/2011

**INSURANCE VERIFICATION DATE: 04/04/2011**

**PIN #: XOXOXX**

00-0000-000

JOHN SMITH  
 123 STREET  
 MONTGOMERY, AL 00000-0000

|000000000000|

Vehicle Identification No.:  
 1XXXXXXXXXXXXXXXXXX  
 License Plate: XXXXXXXX      Make: FORD  
 Model: RANGER      Year: 2002

Section 32-7A, Code of Alabama, 1975, requires vehicle owners to maintain liability insurance on motor vehicles registered in this state. The department is authorized to suspend a vehicle registration if it determines that an owner has registered or maintained the registration of a motor vehicle without a liability insurance policy. The department has determined the following reason for suspension:

| INSURANCE INFORMATION        | REASON FOR PENDING SUSPENSION  |
|------------------------------|--|
| Insurance Company: (Unknown) | The insurance company did not provide coverage verification within the deadline. |

**Complete the online insurance questionnaire at: [www.alamli.com](http://www.alamli.com).** The above license plate number and PIN will be needed to complete the online questionnaire. If you are unable to complete the questionnaire online, you may fax the completed questionnaire to (877) 505-3276, or mail the completed questionnaire using the enclosed postage-paid envelope. Your insurance company will be contacted to verify the information provided. The entire document must be provided. **Do NOT send additional information with this questionnaire.**

**Failure to respond to this notice will result in the suspension of your vehicle registration as reflected below:**

Effective date of registration suspension: 07/20/2011  
 Earliest date eligible to end suspension: 07/20/2011  
 Fee required to end suspension if violation occurred: \$200

If you have questions regarding this questionnaire, please call the number above or email us at: [mli@revenue.alabama.gov](mailto:mli@revenue.alabama.gov).

### Insurance Verification

|  |  |  |  |  |  |                         |  |  |       |  |  |
|--|--|--|--|--|--|-------------------------|--|--|-------|--|--|
| Was the vehicle identified above insured on the above insurance verification date?   |  |  |  |  |  |                         |  |  |       |  |  |
| YES <input type="checkbox"/> Provide insurance information for the above verification date.  |  |  |  |  |  |                         |  |  |       |  |  |
| NO <input type="checkbox"/> Provide a valid exemption reason and insurance information for the date the vehicle was registered. If the vehicle was operated without insurance on the insurance verification date <b>or</b> was not insured on the registration date, refer to the back of this document. |  |  |  |  |  |                         |  |  |       |  |  |
| Exemption Reason:  |  |  |  |  |  |                         |  |  |       |  |  |
|  |  |  |  |  |  |                         |  |  |       |  |  |
| Insurance Company Name:  |  |  |  |  |  |                         |  |  |       |  |  |
| Insurance Co. NAIC Number:   |  |  |  |  | This 5-digit number is required and can be found on your insurance card. Call your insurance agent if you are unsure of this important number. |                         |  |  |       |  |  |
| Insurance Co. Address:   |  |  |  |  |  |                         |  |  |       |  |  |
| Ins. Co. City, State, Zip:   |  |  |  |  | Ins. Co. Phone Number:   |                         |  |  |       |  |  |
| Policy Number:   |  |  |  |  |  |                         |  |  |       |  |  |
| Policy Effective Date:   |  |  |  |  |  | Policy Expiration Date: |  |  |       |  |  |
| Signature:   |  |  |  |  |  |                         |  |  | Date: |  |  |

\*00000000000\*

**DCN: 0000000000**

# Mandatory Liability Insurance Notice of Suspension

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## - - BACK OF DOCUMENT - -

**If the vehicle was operated without insurance on the insurance verification date or was not insured on the registration date, you must do all of the following:**

- 1. Purchase liability insurance for your vehicle.** Liability insurance should be purchased from an insurance company qualified to do business in Alabama.
- 2. Provide evidence of insurance in the space provided on the front of this form.** Evidence of insurance must include the insurance company's name, address, NAIC number, telephone number, vehicle year model, vehicle make, vehicle identification number (VIN), name of insured, insurance policy number, effective date and expiration date of the insurance policy. Examples of evidence of insurance include an insurance card, policy declarations page, liability insurance binder, or certificate of insurance.
- 3. Pay the reinstatement fee.** The reinstatement fee for the 1<sup>st</sup> violation is \$200. The reinstatement fee for a 2<sup>nd</sup> or subsequent violation is \$400. **Payment must be made by cashier's check, money order or other certified funds. Personal checks will not be accepted.** Your driver's license number and/or license plate number must be included on your payment.

**Evidence of insurance may be provided and the reinstatement fee may be paid in the following manner:**

- 1. IN PERSON** - The vehicle registration may be reinstated by the county license plate issuing official in the vehicle owner's county of residence, or at any one of the Alabama Department of Revenue Taxpayer Service Centers located throughout Alabama. Please visit [www.revenue.alabama.gov](http://www.revenue.alabama.gov) for Taxpayer Service Center locations, or
- 2. BY MAIL** - Your payment and evidence of insurance may be mailed to the following address:  
  
Alabama Department of Revenue  
Motor Vehicle Division  
MLI Unit  
P.O. Box 327650  
Montgomery, AL 36132-7650

If you are mailing the fee and evidence of insurance, please allow thirty (30) days for processing.

**4. Serve the suspension period.** There is no minimum suspension period for a 1<sup>st</sup> violation. You may pay the reinstatement fee and provide evidence of insurance anytime prior to, or during the period of suspension. A four (4) month suspension period is required for a 2<sup>nd</sup> or subsequent violation and the vehicle registration cannot be reinstated until the four (4) month suspension period has been served.

If you are dissatisfied by the action or proposed action of the Department of Revenue, §40-2A-8(a) Code of Alabama, 1975 provides "any taxpayer aggrieved by any act or proposed act or refusal to act by the department shall be entitled to file a notice of appeal from such act or proposed act or refusal to act with the Administrative Law Division. Such notice of appeal must be filed within thirty (30) days of the date notice of such act or refusal to act is mailed to the taxpayer." To do so, you must notify the Administrative Law Judge in writing of your intent to appeal. The written appeal notice should contain your name, address, and telephone number, along with a copy of the Mandatory Liability Insurance Notice of Suspension. Your notice of appeal must also contain a detailed statement of the specific reasons for your appeal. Such request for a hearing should be directed to:

Alabama Department of Revenue  
Administrative Law Judge  
P.O. Box 327130  
Montgomery, AL 36132-7130

### **WARNING**

**The vehicle may not be operated while the registration is suspended. The maximum fine is \$500 for the 1<sup>st</sup> violation and \$1000 for each subsequent violation and/or suspension of the person's driver's license.**