



NORTH CAROLINA DIVISION OF MOTOR VEHICLES
 3118 MAIL SERVICE CNTR RALEIGH, N.C. 27697-3118
 (919) 715-7000

DRIVER LICENSE HEARING REQUEST

I, _____, whose driving privilege is, or will be, suspended effective, _____ request a hearing to contest the action or to be considered for possible reinstatement. My driver license/customer number is _____.

- Preliminary Hearing – Non-Alcohol Related Suspensions (speeding, points, etc.) (Hearing Fee: \$100)
- Preliminary Hearing – Refused Chemical Test (REF) (Hearing Fee: \$450)
- Preliminary Hearing – Alcohol Concentration Restriction (ACR) Violation (Hearing Fee: \$450)
- Preliminary Hearing – Ignition Interlock Device Restriction Violation (Hearing Fee: \$450)
- Non-Alcohol Related Suspensions (Hearing Fee: \$100)
- Motor Vehicle Safety and Financial Responsibility (Hearing Fee: \$200)
- CDL Disqualification (Hearing Fee: \$200)
- Driving While Impaired (DWI) Interview (Hearing Fee: \$225)
- Driving While Impaired (DWI) Restoration Hearing (Hearing Fee: \$425)
- Driving While License Revoked (DWLR)/Moving Violation Restoration Hearing (Hearing Fee: \$200)
- Ignition Interlock Medical Accommodation Program Review (Hearing Fee: \$70)
- Ignition Interlock Mouth Contaminant Review (Hearing Fee:\$75)
- Compliance Hearing for Conditional Restoration Violations (Hearing Fee: \$220)
- Conference for Evaluation to Attend a Driver Improvement Clinic Hearing (Hearing Fee: \$40)

I have enclosed the required fee in the amount of \$ _____.

Send your request by mail to: Division of Motor Vehicles, Attn: Administrative Support Unit, 3118 Mail Service Center, Raleigh, North Carolina 27697-3118.

*Note: Hearing requests are not valid unless accompanied by payment in full or completed Affidavit of Indigence and a hearing will not be scheduled.

*You may cancel your hearing at any time. Please review the Cancellation Form for terms and conditions of partial refunds.

Please see Admin Code 19 A NCAC 03K .0101 for further information.

Print Name: _____	Customer Phone #: _____
Signature: _____	Date: _____
Name, Address, and Phone Number of Attorney (if applicable): _____ _____	Bar #: _____
Attorney Signature: _____	Date: _____