



NORTH CAROLINA DIVISION OF MOTOR VEHICLES
3147 MAIL SERVICE CNTR RALEIGH, N.C. 27697-3147
(919) 715-7000

LIABILITY INSURANCE HEARING REQUEST

I, _____, request a liability insurance hearing, which will be held by telephone, to contest the revocation of the registration for the vehicle(s) listed below. In submitting this request, I understand that the entire hearing fee of \$60 must be submitted with this form for the hearing to be scheduled.

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

If you have a valid NC registration; your hearing request cannot be processed if you do not have current insurance on all registered vehicles. You will need to attach a current FS-1 (North Carolina Certificate of Insurance) or request this document be submitted electronically from your auto insurance company.

License Plate Number(s) Vin Number(s)

A ten-digit daytime telephone number is required: (____) ____ - ____

Physical Address:

Print Name: _____

Signature: _____

Date: _____

Name, Address, and Phone Number of Attorney (if applicable):

Bar Number: _____

Signature: _____

Date: _____

All requests should be mailed to: Division of Motor Vehicles, Attn: Liability Insurance Unit, 3147 Mail Service Center, Raleigh, North Carolina 27697-3147.

*Note: Hearing requests are not valid unless accompanied by the full payment of \$60.00 or a completed Affidavit of Indigence and will not be processed.

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