

NORTH CAROLINA DIVISION OF MOTOR VEHICLES

MOTOR CARRIER - COMMERICAL VEHICLES ONLY

EXPEDITED

LIABILITY INSURANCE HEARING REQUEST

, request a liability insurance hearing, available solely to					
(person/company) Motor Carrier and Commercial Vehicles, 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 \$60.00 must be submitted by certified funds or credit/debit card with this form for a hearing to be scheduled. Please see Admin Code 19A NCAC 03K .0101 for further information.					
			If you have a valid NC registration; your hearing reques on all registered vehicles. You will need to attach a cr request this document be submitted electronically from you	urrent FS-1 (North Caro	lina Certificate of Insurance) or
			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, Title & License Unit, 3157 Mail Service Center, Raleigh, NC 27697-3157. Or submitted in person to: Raleigh IRP Office, 1425 Rock Quarry Rd., Ste. 100, Raleigh, NC 27610, or Charlotte IRP Office, 6016 Brookshire Blvd, Charlotte, NC 28216

^{*}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 by sending in a Cancellation Form, which is provided online. No refund will be provided.