NORTH CAROLINA DIVISION OF MOTOR VEHICLES

MOTOR CARRIER – COMMERICAL VEHICLES ONLY

EXPEDITED
LIABILITY INSURANCE HEARING REQUEST

I, _____, 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 must be submitted 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 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: Title & License Unit, 3157 Mail Service Center, Raleigh, NC 27697-3157. Or submitted in person to: Raleigh Window at 1100 New Bern Ave, Raleigh, NC 27697, 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.