



NORTH CAROLINA DIVISION OF MOTOR VEHICLES  
**MOTOR CARRIER – COMMERCIAL VEHICLES ONLY**

**EXPEDITED  
LIABILITY INSURANCE HEARING CANCELLATION FORM**

I, \_\_\_\_\_, would like to cancel my Liability Insurance hearing scheduled for

\_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

License Plate Number

Vin Number

My driver license/customer number is \_\_\_\_\_.

Mail your cancellation form to: Division of Motor Vehicles, Attn: Liability Insurance Hearings, 3108  
Mail Service Center, Raleigh, North Carolina 27697-3108.

You may also fax your cancellation request form to 919-861-3217.

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

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Bar Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_