



NORTH CAROLINA DIVISION OF MOTOR VEHICLES

**CDL (THIRD PARTY) VIOLATION
ADMINISTRATIVE HEARING REQUEST FORM**

I, _____, request a CDL (third party) Violation Administrative Hearing.
In submitting this request, I understand that the entire hearing fee of \$200 must accompany this form for a hearing to be scheduled.

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

Please **legibly** write all the information below to assure proper processing of your hearing request.

Customer/Company Name:	Driver's License Number:
Address:	
Phone Number:	

Signature: _____ **Date** _____

All requests should be mailed to: Division of Motor Vehicles, Attn: Administrative Support Unit, 3118 Mail Service Center, Raleigh, NC 27697-3118. For questions call 919-861-3509.

*Hearing requests cannot be submitted to DMV Inspectors or at local DMV offices.

*Note: Hearing requests are not valid unless accompanied by payment of \$200.00. A hearing will not be scheduled unless \$200 is sent with this form.

*You may cancel your hearing at any time. Please review the cancellation request form for terms and conditions for partial refunds.