



**NORTH CAROLINA DIVISION OF MOTOR VEHICLES**  
 3118 MAIL SERVICE CNTR RALEIGH, N.C. 27697-3118  
 (919) 715-7000

**DRIVER LICENSE HEARING REQUEST**

I, \_\_\_\_\_, whose driving privilege is, or will be suspended effective, \_\_\_\_\_ request a hearing to contest the action or to be considered for possible reinstatement. My **driver license/customer number** is \_\_\_\_\_. If driver license/customer number unknown, provide date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

<input type="checkbox"/>	Preliminary Hearing—(ex. Speeding, Points, 1 <sup>st</sup> Off. Out of State DWI), G.S. 20-16 & G.S. 20-13 <b>Hearing Fee \$100.00</b>
<input type="checkbox"/>	Preliminary Hearing—Alcohol Concentration Restriction Violation—(Received by Law Enforcement or Report from II provider) G.S. 20-17.8, <i>If you have multiple violations you must send in a separate Hearing Request and Hearing Fee per violation</i> , <b>Hearing Fee \$450.00.</b>
<input type="checkbox"/>	Preliminary Hearing—Refused Chemical Test—G. S. 20-16.2, <b>Hearing Fee \$450.00</b>
<input type="checkbox"/>	Preliminary Hearing—Ignition Interlock Device Restriction Violation (Received ticket for not have the ignition interlock device) G.S. 20-17.8, <b>Hearing Fee \$450.00</b>
<input type="checkbox"/>	Hearing—(ex. Speeding, Points, 1 <sup>st</sup> Off. Out of State DWI, currently suspended) G.S. 20-16 & 20-13 <b>Hearing Fee \$100.00</b>
<input type="checkbox"/>	DWLR/MV—(Driving while license revoked or Moving violations). <i>If you are currently suspended for both DWLR &amp; MV, you must submit two requests and two fees.</i> <b>Hearing Fee \$200.00</b>
<input type="checkbox"/>	Motor Vehicle Safety & Financial Responsibility—(Accident, No Insurance), <b>Hearing Fee \$200.00</b>
<input type="checkbox"/>	CDL Disqualification—(Failed Drug Test, CDL Disq.), G.S. 20-17.4, <b>Hearing Fee \$200.00</b>
<input type="checkbox"/>	Conference for Evaluation to Attend a Driver Improvement Clinic—(For Driver License Point Reduction Only), <i>If you need to take a driver improvement clinic for any other reason, send written request for a NON-Hearing Clinic by fax to 919-715-1947. Or you may call 919-715-7000.</i> <b>Hearing Fee \$40.00.</b>
<b>Driving While Impaired Hearings have TWO parts, Initial Hearing Fee of \$225.00 for an Interview, if approved the second Hearing Fee of \$425.00 is due. <i>If you are suspended for a DWI along with other suspensions, you are required to have a DWI Interview first, and will be notified of other Hearing Fees.</i></b>	
<input type="checkbox"/>	Driving While Impaired Interview—(1 <sup>st</sup> Part of a DWI hearing) G.S. 20-19, <b>Hearing Fee \$225.00</b>
<input type="checkbox"/>	Driving While Impaired Restoration—(2 <sup>nd</sup> Part of a DWI hearing) G.S. 20-19, <b>Hearing Fee \$425.00</b>
<input type="checkbox"/>	Ignition Interlock Medical Accommodation Program Review—(Medically cannot blow into the Ignition Interlock Device), <b>Hearing Fee \$70.00</b>

**I have enclosed the required fee in the amount of \$ \_\_\_\_\_.**

Send your request by mail to: Division of Motor Vehicles, Attn: Administrative Support Unit, 3118 Mail Service Center, Raleigh, North Carolina 27697-3118.

**Customer Name:** \_\_\_\_\_ **Customer Phone Number:** \_\_\_\_\_  
(PRINT FULL NAME)

**Mailing address:** \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

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

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

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

\*Note: Hearing Requests are not valid unless accompanied by payment in full or completed Affidavit of Indigence and a hearing will not be scheduled.

\*You may cancel your hearing at any time. Please review the Cancellation Form for terms and conditions of partial refunds. Please see Admin Code 19 A NCAC 03K .0101 for further information.