



NORTH CAROLINA DIVISION OF MOTOR VEHICLES
3118 MAIL SERVICE CENTER 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 _____.

- Preliminary Hearing** – Non-Alcohol Related Suspensions (speeding, points, etc.) (Hearing Fee: \$100)
- Preliminary Hearing** – Refused Chemical Test (Hearing Fee: \$450)
- Preliminary Hearing** – Alcohol Concentration Restriction (ACR) Violation (Hearing Fee: \$450)
- Ignition Interlock Device (IID) restriction violation (Hearing Fee: \$450/Processing Fee: \$ 50)
- Non-Alcohol Related Suspensions (Hearing Fee: \$100)
- Motor Vehicle Safety and Financial Responsibility (Hearing Fee: \$200)
- CDL Disqualification (Hearing Fee: \$200)
- Driving While Impaired (DWI) Interview (Hearing Fee: \$225)
- Driving While Impaired (DWI) Restoration Hearing (Hearing Fee: \$425)
- Driving While License Revoked (DWLR)/Moving Violation Restoration Hearing (Hearing Fee: \$200)
- Ignition Interlock Medical Accommodation Program Review (Fee: \$70)
- Ignition Interlock Mouth Contaminant Review (Fee:\$75)
- Compliance Hearing (Hearing Fee: \$220)
- Conference for Evaluation to Attend a Driver Improvement Clinic (Fee: \$40)

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

*Please note, hearing requests are not valid unless accompanied by payment or completed Affidavit of Indigency and will not be processed. If it is determined that a hearing is not authorized, the Division will retain a processing fee.

Print Name: _____

Signature: _____

Date: _____

