



NORTH CAROLINA DIVISION OF MOTOR VEHICLES
MOTOR CARRIER – COMMERCIAL VEHICLES ONLY
EXPEDITED
LIABILITY INSURANCE
HEARING CANCELLATION REQUEST FORM

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

_____.

My driver license/customer number is _____.

You may cancel your hearing at any time.

Cancellation requests must be postmarked at least ten business days prior to the scheduled hearing date to receive a partial refund. If the cancellation is not postmarked ten business days prior, no refund will be provided.

Send your request by mail 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: _____