



NORTH CAROLINA DIVISION OF MOTOR VEHICLES

LIABILITY INSURANCE HEARING CANCELLATION REQUEST FORM

I, _____, would like to cancel my liability insurance hearing scheduled for _____.

License Plate # (if unknown, provide Vehicle Identification Number):

You may cancel your hearing at any time.

All Liability Insurance 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 to the hearing, 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: _____