



NORTH CAROLINA DIVISION OF MOTOR VEHICLES

MOTOR CARRIER – COMMERCIAL VEHICLES ONLY

**EXPEDITED
LIABILITY INSURANCE HEARING REQUEST**

I, _____, request a liability insurance hearing, available solely to
(person/company)
Motor Carrier Commercial Vehicles, which will be held by telephone, to contest the revocation of the
registration for the vehicle(s) listed below. In submitting this request, I understand that the entire
hearing fee of \$60 must be submitted with this form for the hearing request to be processed.

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

*If you have a valid NC registration; your hearing request cannot be processed if no current
insurance is present. You will need to attach a current FS-1 (North Carolina Certificate of
Insurance) or request this document be submitted electronically from your auto insurance company.*

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

A ten-digit daytime telephone number is required:

() -
(area code) XXX - XXXX

Residential Address

Print Name: _____

Signature: _____ **Date** _____

All Requests should be mailed to: Division of Motor Vehicles, Attn: Title & License Unit, 3157 Mail Service Center, Raleigh, NC 27697-3157.

*Please note, hearing requests are not valid unless accompanied by payment of \$60 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.

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