

NORTH CAROLINA DIVISION OF MOTOR VEHICLES

MOTOR CARRIER – COMMERICAL VEHICLES ONLY

EXPEDITED Liability Insurance Hearing Request

I, _____, request a liability insurance hearing, available solely to (person/company)

Motor Carrier and 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 \$60.00 must be submitted by certified funds or credit/debit card with this form for a hearing to be

scheduled. 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 you do not have current insurance on all registered vehicles. 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 Number(s):	Vin Number(s):	
A ten-digit daytime telephone number is required:	()	
Physical Address:		
Print Name:		
Signature:		Date:
Name, Address, and Phone Number of Attorney (if applicable):	
Bar Number:		
Signature: All Requests should be mailed to: Division of Motor Center, Raleigh, NC 27697-3157. Or submitted in pe Ste. 100, Raleigh, NC 27610, or Charlotte IRP Office	Vehicles, Title & Lice erson to: Raleigh IRP C	Office, 1425 Rock Quarry Rd.,
*Note: Hearing requests are not valid unless accompanied	by the full payment of \$	60.00 or a completed

Affidavit of Indigence and will not be processed.

*You may cancel your hearing at any time by sending in a Cancellation Form, which is provided online. No refund will be provided.