

NORTH CAROLINA DIVISION OF MOTOR VEHICLES

LICENSE & THEFT STATION AND/OR TECHNICIAN VIOLATION HEARING REQUEST FORM

Signature:	Date
Name, Address, and Phone Number of	Attorney (if applicable):
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Technician Address:	Technician Phone Number:
Requestor Email Address:	Technician (vanioe).
Technician Name:	Technician Number:
Station Phone Number:	Station Fax Number:
Mailing Address, if different from the s	tation address:
Station Address:	
Station Name:	Station Number:
OCA Number:	
	elow to assure proper processing or your hearing request.
	below to assure proper processing of your hearing request.
Please see Admin Code 19A NCAC 03K	.0101 for further information.
form for a hearing to be scheduled. A	separate hearing fee must be paid for each type of hearing
In submitting this request, I understand	that the entire hearing fee of \$200 must accompany thi
☐ Technician Violation Hearin	g
☐ Station Violation Hearing	
Please check the hearing you are request	ing.

All Requests and Payments should be mailed to: Division of Motor Vehicles, Attn: Administrative Support Unit – L&T Hearings, 3127 Mail Service Center, Raleigh, NC 27697-3127. For questions, call 919-861-3509.

^{*}Hearing requests may not be submitted to DMV Inspectors or at local DMV offices.

^{*}If a hearing is not requested within ten (10) calendar days of receipt of the Notice of Charges, the technician or station waives its right to a hearing and the applicable penalty delineated in North Carolina General Statute will be imposed.

^{*}Note: Hearing requests are not valid unless accompanied by \$200.00, paid by check or money order. A hearing will not be scheduled unless \$200 is sent with this form.

^{*}You may cancel your hearing at any time. Please review the cancellation request form for terms and conditions of partial refunds.