

## NORTH CAROLINA DIVISION OF MOTOR VEHICLES

## LICENSE & THEFT STATION AND/OR TECHNICIAN LICENSE DENIAL HEARING REQUEST FORM

Signature:  All Degreets and Degreents should be a	Date
Name, Address, and Phone Number of A	Attorney Office (if applicable):
Technician Address:	Technician Phone Number:
Technician Name:	Technician License Number:
Requestor Email Address:	
Station Phone Number:	Station Fax Number:
Station Address:  Mailing Address, if different from the st	ration address:
Station Name:	Station License Number:
	.0101 for further information. elow to assure proper processing of your hearing request.
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
☐ Station License Denial Hearing ☐ Technician License Denial Hearing	
Please check the hearing you are requesti	ng.
	, request a nearing for one of the hearings below

3127. For questions, call 919-861-3509.

Administrative Support Unit - L&T Hearings, 3127 Mail Service Center, Raleigh, NC 27697-

<sup>\*</sup>Hearing requests cannot be submitted to DMV Inspectors or at local DMV offices.

<sup>\*</sup>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.

<sup>\*</sup>Note: Hearing requests are not valid unless accompanied by \$200.00, paid by check or money order.

<sup>\*</sup>You may cancel your hearing at any time. Please review the cancellation request form for terms and conditions of partial refunds.