

## NORTH CAROLINA DIVISION OF MOTOR VEHICLES

## LICENSE AND THEFT DEALER BOND CANCELLATION **HEARING REQUEST FORM**

I.

Dealer Phone Number:  Requestor Email Address: Salesman Name: Salesman Address:  Name, Address, and Phone Number  Signature:	Dealer Fax Number:  Salesman License Number:  Salesman Phone Number:
Dealer Phone Number:  Requestor Email Address: Salesman Name: Salesman Address:	Dealer Fax Number:  Salesman License Number:  Salesman Phone Number:
Dealer Phone Number:  Requestor Email Address: Salesman Name: Salesman Address:	Dealer Fax Number:  Salesman License Number:  Salesman Phone Number:
Dealer Phone Number:  Requestor Email Address: Salesman Name:	Dealer Fax Number:  Salesman License Number:
Dealer Phone Number:  Requestor Email Address: Salesman Name:	Dealer Fax Number:  Salesman License Number:
Dealer Phone Number:  Requestor Email Address:	Dealer Fax Number:
Dealer Phone Number:	
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Mailing Address, If different from the	- Deday diag.
Dealer Address:	
Dealer Name	Dealer License Number:
Please <b>legibly</b> write all the information	on 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 heari	
In submitting this request, I understa	and that the entire hearing fee of \$200 must accompany this
☐ Dealer Bond Cancellation	1
check the hearing you are requesting.	

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

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

<sup>\*</sup>Note: Hearing requests are not valid unless accompanied by \$200 paid by check, money order. A hearing will not be scheduled unless \$200 is sent with this form.

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