



NORTH CAROLINA DIVISION OF MOTOR VEHICLES 3108 MAIL SERVICE CNTR
RALEIGH, N.C. 27697-3108 (919) 715-7000

LIABILITY INSURANCE HEARING REQUEST

I, _____, request a liability insurance hearing, 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 with this form for the hearing to be scheduled.

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

This form must be signed by the registered owner of the vehicle(s).

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:

Date:

All Requests should be mailed to: Division of Motor Vehicles, Liability Insurance Unit, 3108 Mail Service Center, Raleigh, North Carolina 27697-3108, or [Pay Online](#).

*Note: Hearing requests are not valid unless accompanied by the full payment of \$60.00 or a completed Affidavit of Indigence.

*You may cancel your hearing at any time. Please review the Cancellation Form for terms and conditions of partial refunds.