



NORTH CAROLINA DIVISION OF MOTOR VEHICLES

DRIVER LICENSE HEARING CANCELLATION FORM

Terms and Conditions:

If at the time the Division receives the request for a hearing and you are not eligible for the hearing you requested, you will be entitled to a refund, only if a written request to cancel your hearing is completed. The cancellation form must be postmarked or received, via fax, at least three calendar days prior to the scheduled hearing to receive a partial refund. If the cancellation request is not postmarked at least three calendar days prior to the scheduled hearing, no refund will be provided.

All other hearing cancellation requests must be postmarked or received via fax at least ten business days prior to the scheduled hearing date to receive a partial refund. If the cancellation is not postmarked ten business days prior to the hearing date, no refund will be provided.

I, _____, would like to cancel my Driver License Hearing scheduled for _____.

My driver license/customer number is _____.

Mail your cancellation form to: Division of Motor Vehicles, Attn: Administrative Support Unit, 3118 Mail Service Center, Raleigh, North Carolina 27697-3118.

You may also fax your Cancellation Form to 919-715-0132.

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

Print Name: _____

Signature: _____

Date: _____

Name, Address, and Phone Number of Attorney (if applicable):

Bar #: _____

Attorney Signature: _____

Date: _____