



NORTH CAROLINA DIVISION OF MOTOR VEHICLES

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

I, _____, request a hearing for one of the hearings below. Please check the hearing you are requesting. ☐ Dealer Bond Cancellation

In submitting this request, I understand that the entire hearing fee of **\$200 must accompany this form for a hearing to be scheduled.** A separate hearing fee must be paid for each type of hearing. Please see Admin Code 19A NCAC 03K .0101 for further information. Please **legibly** write all the information below to assure proper processing of your hearing request.

Dealer Name	Dealer License Number:
Dealer Address:	
Mailing Address, If different from the Dealer address:	
Dealer Phone Number:	Dealer Fax Number:
Requestor Email Address:	
Salesman Name:	Salesman License Number:
Salesman Address:	Salesman Phone Number:
Name, Address, and Phone Number of Attorney (if applicable):	

Signature:

Date

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 276973127. For questions, call 919-715-7000.

*Hearing requests cannot be submitted to DMV Inspectors or at local DMV offices.

*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.

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

Form HF-015

Rev-4/10/18