



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.