

NORTH CAROLINA DIVISION OF MOTOR VEHICLES
MOTOR CARRIER – COMMERCIAL VEHICLES ONLY

EXPEDITED

LIABILITY INSURANCE HEARING CANCELLATION FORM

I, _____, would like to cancel my Liability Insurance hearing scheduled for _____.

License Plate Number(s)

Vin Number(s)

My driver license/customer number is _____.

Mail your cancellation form to: Division of Motor Vehicles, Attn: Liability Insurance Hearings, 3108 Mail Service Center, Raleigh, North Carolina 27697-3108.

You may also fax your cancellation request form to 919-861-3217.

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 Number: _____

Signature: _____

Date: _____