



## NORTH CAROLINA DIVISION OF MOTOR VEHICLES

### LIABILITY INSURANCE HEARING CANCELLATION FORM

#### Terms and Conditions:

You may cancel this hearing at any time, however, all cancellation forms 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 or received via fax ten business days prior to the hearing date, no refund will be provided.

I, \_\_\_\_\_, would like to cancel my Liability Insurance hearing scheduled for

\_\_\_\_\_.

**License Plate Number(s)**

**Vin Number(s)**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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:** \_\_\_\_\_