

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MOTOR VEHICLES



ADMINISTRATIVE HEARING APPLICATION

Hearings are held at Adjudication Services

****Please DO NOT complete this form for point suspensions, point revocations or child support revocations.****

CUSTOMER INFORMATION				
FULL LEGAL NAME				
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS		
DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH		
CHARGE		DATE OF CHARGE		

PLEASE COMPLETE THIS SECTION	
What is the status of your case?	
Have you been convicted of an alcohol related offense in the past? If yes , please provide case information (charge, court location & date of conviction)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you hold a valid Driver's License from the District of Columbia? If not , what jurisdiction/state?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IMPORTANT INFORMATION	
1. If you are under 18 years of age, your parent or legal guardian must accompany you to your hearing.	2. Provide a copy of your drivers license
3. Provide copies of relevant court documents (Notice of Proposed revocation, Notice of hearing date, case Disposition, etc.).	

Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000- or 180-days imprisonment or both. (D.C. Official Code §22-2405).

I hereby certify and affirm that the information given above for reinstatement is true and correct.

CUSTOMER SIGNATURE		DATE	
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DMV OFFICIAL USE ONLY			
HEARING INFORMATION	HEARING DATE	HEARING TIME	DMV OFFICIAL

Visit our website: dmv.dc.gov or call 311 or 202-737-4404 for additional information.
To report waste, fraud, or abuse by any DC Government Agency or official, call the Office of the DC Inspector General at 1-800-521-1639.