Nevada Department of Motor Vehicles

HEARING REQUEST INFORMATION

Drivers License:

You may request a hearing for any withdrawal action taken against your driving privileges except court orders and child support suspensions.

If you are requesting a hearing concerning a revocation order with a file number beginning with an IP, you may contact your local DMV Hearing Office. You may not request a hearing after the ninety-day revocation period has ended.

If you are requesting a hearing for a security deposit suspension, the Department must receive your request within fifteen days from the date the suspension went into effect.

If you are requesting a hearing on a suspension for failure to appear to pay a fine in court, the Department must receive your written request before the suspension goes into effect.

Insurance Verification:

Please provide:

1.   Current Proof of Insurance.

2.   Nevada License Plate Number and Vehicle Identification Number (VIN) for each vehicle.

The Office of Administrative Hearings has three locations and can be reached at (775) 684-4572 or Toll Free at (800) 992-0900.

Carson City	Las Vegas	Elko
555 Wright Way	2701 E. Sahara Avenue	3920 E. Idaho Street
Carson City, NV 56400	Las Vegas, NV 89104	Elko, NV 89801
(775) 684-4572	(702) 486-4940	(775) 753-1239

If you are requesting a Hearing, please complete the reverse side of this form

HEARING REQUEST

PLEASE TYPE OR PRINT

I,_____
(Applicant's Name)

request a hearing regarding the revocation/suspension of my:

☐   Driver's License
            Driver's License Number_____

☐   Vehicle Registration
            License Plate Number_____,Year_____,Make_____

Vehicle Identification Number_____

Current proof of liability insurance must be presented with this request for all affected vehicles.

State reason for hearing request:

_____

_____

_____

_____

ADDITIONAL VEHICLES:

License Plate Number	Year/Make	Vehicle Identification Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Applicant_____
                      Last   First   M.I.

Address_____
                                        City   State   Zip Code

Telephone Number: Day(____)_____   Evening(____)_____

_____   _____
             Applicant's Signature   Date