

DEPARTMENT OF ADMINISTRATION
Anchorage Driver Services
4001 Ingra Street, Suite 101
Anchorage, Alaska 99503
Email: doa.dmv.hearings@alaska.gov
REQUEST FOR ADMINISTRATIVE HEARING

NAME _____ DRIVER LICENSE NUMBER/STATE _____

MAILING ADDRESS _____ DATE OF BIRTH _____

CITY/STATE/ZIP _____ TELEPHONE NUMBER _____

_____ Initial if you want the department's records updated to show the mailing address listed above.

Name of attorney if being represented: _____ Telephone (____) _____

I am requesting an Administrative Hearing to contest an action of the Department of Administration / Division of Motor Vehicles. I am requesting the hearing because: _____

Please attach a separate page if necessary.

The action I am contesting is:

DRIVER'S LICENSE ISSUES (Revocation, Suspension, Disqualification, Cancellation, Denial):

- | | |
|---|--|
| <input type="checkbox"/> Breath alcohol concentration of .08% or more | <input type="checkbox"/> Mandatory Insurance (uninsured collision) |
| <input type="checkbox"/> Breath alcohol concentration of .04% or more (CMV Drivers Only) | <input type="checkbox"/> Financial Responsibility (at fault driver) |
| <input type="checkbox"/> Refusal to submit to chemical test | <input type="checkbox"/> CDL Serious Traffic Violation / Falsification |
| <input type="checkbox"/> Minor operating a vehicle after consuming alcohol | <input type="checkbox"/> Medical Standard / Failure to Re-exam |
| <input type="checkbox"/> Fail to Appear Driver Improvement Interview | <input type="checkbox"/> Points Accumulation |
| <input type="checkbox"/> Fraudulent use of driver's license | <input type="checkbox"/> Limited License |
| <input type="checkbox"/> Denial (Social Security, Identity Documents) | |
| <input type="checkbox"/> Minor refusal to submit to chemical test after operating a motor vehicle | |
| <input type="checkbox"/> Other _____ | |

MOTOR VEHICLE / DRIVING SCHOOL ISSUES:

- Title suspension, revocation, or denial
- License Plate or Registration suspension, revocation, or denial
- Commercial Driving School or School Instructor suspension, revocation, cancellation, or denial

Issue date of the Department's Notice and Order of Revocation, Suspension, Cancellation, Denial, or Disqualification: _____

I understand that my request must be physically delivered, emailed, or postmarked within the time period stated on the Department's notice.

To receive a temporary driver's license following an arrest for Driving While Under the Influence, Refusal, or an arrest / citation for Minor Operating After Consuming Alcohol, Minor Refusal, or Fraudulent Use, you must:

- I have submitted a copy of the "NOTICE AND ORDER OF REVOCATION" with this request.
- I have surrendered my driver's license. My license is attached.
- My license is not attached because of the following:
 - The officer took it.
 - The license has been lost or stolen.

Have you been convicted in criminal court for DUI, Refusal, or Minor Operating?

- Yes Date convicted: _____
- No

I certify that the information provided on this form is true and correct.

SIGNATURE _____ DATE _____