

**DEPARTMENT OF ADMINISTRATION**  
**Anchorage Driver Services**  
**3901 Old Seward Hwy, Ste 101**  
**Anchorage, Alaska 99503**  
**Fax: (907) 269-3774 Email: [doa.dmv.hearings@alaska.gov](mailto: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, faxed, 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