



Habitual Traffic Offender Hearing Request

A habitual traffic offender (HTO) is a driver who, within a five year period, has been:

- convicted of three or more offenses listed in RCW 46.65.02.
- found to have committed, or been convicted of 20 or more of the moving violations listed in WAC 308-104-160.

If you are found to be a habitual traffic offender, your license will be revoked until you are eligible to reinstate. Please visit our website at dol.wa.gov for more information. All hearings will be conducted by telephone unless otherwise specified in writing below. Incomplete requests will be denied. Mail or fax this completed form to:

Hearings & Interviews Section

Department of Licensing

PO Box 9031

Olympia, WA 98507-9031

Fax number: (360) 570-4950

Individuals with an HTO revocation often have other issues with their driving privilege. **This hearing applies only to the HTO revocation.** Your driving privilege cannot be reinstated if you are currently incarcerated in any correctional facility.

All correspondence will be mailed to the address on file with the Department of Licensing. To update your address, please visit us online at dol.wa.gov or go to your local licensing office.

Driver information

PRINT or TYPE Name (<i>Last, First, Middle</i>)			
Date of birth (<i>mm/dd/yyyy</i>)	Driver license number	State	10-digit phone number
You <i>must</i> complete all responses below, or your request will be denied as incomplete : Answer the following			
1. Have you operated a motor vehicle on a public highway in the last two years? Yes No If "Yes," list the date and location of last driving below: Date: _____ Location (<i>City, State</i>): _____			
2. Do you have any driving related issues pending in court? Yes No If "Yes," provide the following (<i>attach details of any additional court dates not listed below to request</i>):			
Date	Location (<i>City or County/ State</i>)	Offense (<i>speeding, etc.</i>)	Court (<i>where you will appear, if known</i>)

Attorney information (*if applicable*)

Attorney name (Do not list public defender)		Attorney address (<i>City, State, ZIP code</i>)	
Attorney 10-digit phone number	Attorney 10-digit fax number	Attorney email	

Request for interpreter

If parties or witnesses are non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.

Request for interpreter I need an interpreter I am hearing impaired	Primary language	Dialect
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I understand that if the Department of Licensing receives information that I have operated a motor vehicle and failed to disclose it, the Department may take action further against my driving privilege under RCW 46.65. I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

X

Date and place signed

Driver signature