



DUI Administrative Hearing Fee Waiver Application

Use this form to apply for financial assistance with the cost of the administrative fee for a DUI hearing on the suspension or revocation of your driver license.

We will notify you in writing if you have been approved or denied. For more information on the DUI Administrative Hearing Fee Waiver, visit dol.wa.gov. **You must include a Request for DUI Hearing** (form 525-001) and **all other required documents**. When completed, mail, email, or fax this form and **all required documents** to:

**Administrative Law Office
Department of Licensing
PO Box 9031
Olympia, WA 98507-9031**

Email: hearings@dol.wa.gov

Fax: (360) 570-4950

Applicant

PRINT OR TYPE Name (Last, First, Middle initial)		Driver license number	State
Date of birth (mm/dd/yyyy)	10-digit phone number	Email	

Hearing – During the administrative hearing, you have the right to be represented by an attorney at your own expense, or you may represent yourself. **Do not enter public defender.**

Attorney name, if applicable		
Attorney address (Street address or PO Box, City, State, ZIP code)		
Attorney 10-digit phone number	Attorney 10-digit fax number	Attorney email

Eligibility – Applications without required proof will be denied. Attachments will not be returned.

Assistance
Check all that apply – **attach proof (dated within the last 30 days)**

- Temporary assistance for needy families
- General assistance
- Food stamps
- Aged, blind, or disabled assistance benefits
- Pregnant women assistance benefits
- Medical care services in accordance with RCW 74.09.035
- Poverty-related veteran’s benefits
- Refugee resettlement benefits
- Medicaid
- Supplemental security income
- I have a court appointed attorney
- I am currently involuntarily committed to a public mental health facility
- None of the above

If you selected “None of the above”, complete and submit the [DUI Administrative Hearing Fee Waiver Additional Eligibility Determination](#) (form 525-010A) with this application.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct. I authorize the Department of Licensing to verify all information provided.

Date and place (city or county) signed

X

Applicant signature

For Department Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied By _____