



DUI Administrative Hearing Fee Waiver Additional Eligibility Determination

Include this form as additional documentation 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 if none of the eligibility requirements found on the [DUI Administrative Hearing Fee Waiver Application](#) (form 525-010) apply.

You must submit this completed form and all other required documents with your [DUI Administrative Hearing Fee Waiver Application](#) (form 525-010) if you are submitting proof for additional eligibility determination.

For more information on the [DUI Administrative Hearing Fee Waiver](#), visit dol.wa.gov.

Applicant

PRINT OR TYPE Name (Last, First, Middle initial)	Driver license number	State
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Additional eligibility qualifications—Applications without required proof will be denied. Attachments will not be returned.

Answer the following		
1. Total number of persons in your household (include yourself)	_____	
2. Do you live with your parent/guardian?		Yes No
3. Monthly Income— Submit proof of income, such as last 2 month's pay stubs, copy of a recent federal tax return, or W-2s. If you have no income or don't have proof, attach a signed written statement explaining this.		
a. You and your spouse's monthly take-home pay	\$ _____	
b. Contribution from any family member or other person living in the household who is helping with your basic living costs	\$ _____	
c. Interest, dividends, or other income	\$ _____	
d. Pensions, annuities, social security and/or public assistance	\$ _____	

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