

## Request to Reschedule or Cancel Administrative Interview or Hearing

Use this form to reschedule or cancel an administrative interview or hearing. Complete the appropriate section and mail or fax to the Hearing Examiner's fax number/address listed on the interview/schedule letter.

## **Driver/Hearing information-required**

Name of driver (Last, First, Middle Initial)		Washington driver license number	Date of birth (mm/dd/yyyy)
Date and time of interview or hearing	Name of He	aring Examiner	
Type of interview or hearing (for example, DUI, habitual traffic offender, fraud, continuing offenses, financial responsibility, medical, etc.)			

## **Reschedule**-to reschedule an administrative interview or hearing, complete this section

Reason for rescheduling				
New interview/hearing date and time	(Area code) Phone number to contact you for the new interview or hearing date/time			
By signing this form, I understand that I waive my right to receive notice and have my hearing or interview within the timeframe set by rule or law.				
PR	RINT OR TYPE Name			
Sig	nature of driver or representing attorney Date signed			

## **Cancel**-to cancel an administrative interview or hearing, complete this section

Reason for cancellation (check one)				
□ Petitioning for a deferred prosecution on a DUI (does not apply to refusing the test). You must also submit				
the Intent to Seek Deferred Prosecution form (DR-500-006) available at <b>dol.wa.gov</b> .				
Applying for an Ignition Interlock License (IIL). For more information about IIL, visit dol.wa.gov.				
$\Box$ Other reason (please explain):				
Other reason (please explain).				
By signing this form, I understand that I waive my right to any further appeal of the Department of Licensing				
action. I understand the Department will proceed with the administrative action against my driving privilege.				
PRINT OR TYPE Name				
Χ				
Signature of driver or representing attorney Date signed				