

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-requi	red				
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 Hearing Examiner			
Type of interview or hearing (for example, DUI, habitua	al traffic offender	r, fraud, contir	nuing offenses, financial responsibility,	medical, etc.)	
Reschedule – to reschedule an adminis	strative inter	view or he	earing, complete this section		
Reason for rescheduling			-		
New interview/hearing date and time	(Are	(Area code) Phone number to contact you for the new interview or hearing date/time			
By signing this form, I understand that I within the timeframe set by rule or law.	waive my ri	ight to rec	eive notice and have my he	aring or interview	
	PRINT O	R TYPE Nam	ne		
	X				
	Signature	e or ariver or i	epresenting attorney	Date signed	
Cancel – to cancel an administrative inte	erview or he	aring, cor	nplete this section		
Reason for cancellation (check one) Petitioning for a deferred prosecution the Intent to Seek Deferred Prosecution Applying for an Ignition Interlock Lice Other reason (please explain):	ion form (DÈ	R-500-006	available at dol.wa.gov .		
By signing this form, I understand that I action. I understand the Department wil					
	X	R TYPE Nam			
I	Signature	e of driver or i	epresenting attorney	Date signed	

RCW 46.20.308(9); 46.20.385 WAC 308-101-140