

Hearing or Record Review Request

Check only **ONE** of the following choices

(If you do not know the start date of your suspension, please list the violation date)

____ (**\$25**) I would like to request a Contested Case Hearing for the WY suspension beginning _____.
This request is being made timely, within twenty (20) days of my suspension notice.

OR

____ (**\$15**) I would like to request a Record Review to see if I am eligible for a probationary license (limited driving privileges) for the WY suspension beginning _____. I understand that I can only have one probationary license one time for one suspension during a 5 year period. I need to be able to drive during my suspension for the following hardship reason(s): _____

NAME: _____

DATE OF BIRTH _____ DRIVER'S LICENSE # _____

MAILING ADDRESS INCLUDING CITY, STATE, ZIP

_____ I CERTIFY THAT THE ABOVE ADDRESS IS MY NEW ADDRESS AND AUTHORIZE THE DEPARTMENT TO CHANGE THE RECORDS LISTED UNDER MY NAME IN THEIR DRIVING RECORD FILES.

DAY TIME PHONE: _____

SIGNATURE: _____

(IF UNDER 18, MUST HAVE A PARENT'S SIGNATURE)

PARENT'S SIGNATURE _____

TODAY'S DATE: _____

VERY IMPORTANT INFORMATION TO REMEMBER

The fees must be correct when submitting your request. If you do not include the correct fee, everything will be mailed back to you and it will delay any process by our office.

If you are requesting a Record Review and if the offense is alcohol related, you will be subject to an alcohol evaluation, a minimum of a standard DUI class, & any additional fees that pertain.

Your request will be processed as soon as possible & you will receive an acknowledgement by mail. If you have any questions, please contact Customer Service for assistance (307)777-4800.

RETURN FORM AND FEE TO:
WYOMING DEPARTMENT OF TRANSPORTATION
DRIVER SERVICES/HEARINGS AND RECORD REVIEWS
5300 BISHOP BLVD.
CHEYENNE, WY 82009-3340