

Habitual Traffic Offender Hearing Request

A habitual traffic offender (HTO) is a driver who, within a five year period, has been:

- convicted of three or more offenses listed in RCW 46.65.02.
- found to have committed, or been convicted of 20 or more of the moving violations listed in WAC 308-104-160.

If you are found to be a habitual traffic offender, your license will be revoked until you are eligible to reinstate. Please visit our website at www.dol.wa.gov for more information. All hearings will be conducted by telephone unless otherwise specified in writing below. Incomplete requests will be denied. Mail or fax this completed form to:

Hearings & Interviews Section
Department of Licensing
 PO Box 9031
 Olympia, WA 98507-9031
 Fax number: (360) 570-4950

Individuals with an HTO revocation often have other issues with their driving privilege. **This hearing applies only to the HTO revocation.**

Your driving privilege cannot be reinstated if you are currently incarcerated in any correctional facility.

All correspondence will be mailed to the address on file with the Department of Licensing. To update your address please visit us online at www.dol.wa.gov or go to your local licensing office.

Driver information

PRINT or TYPE Name (Last, First, Middle)			
Date of birth	Driver license number	State	(Area code) Telephone number
Answer the following			
Do you have any driving related issues pending in court?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes": Date of incident _____ Location of incident _____			

Attorney information (if applicable)

Attorney name (Do not list public defender)		
Attorney address, City, State, ZIP code		
Attorney (Area code) telephone number	Attorney (Area code) fax number	Attorney email

Request for interpreter

If parties or witnesses are non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.

Request for interpreter <input type="checkbox"/> I need an interpreter <input type="checkbox"/> I am hearing impaired	Primary language	Dialect
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I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____ **X** _____
 Date and place signed Driver signature