



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 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 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 |
|--|------------------|---------|

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place signed

X

Driver signature