

NON-DRIVERS HEARING REQUEST FORM
 (Vehicle Dealer, Corporation, Title, Vehicle Registration,
 Trucking Company Audit, CDL Third-Party Certification,
 Commercial Driver Training School License, Commercial
 Driver Training School Instructor's License, Audio, and
 Remitter License)



Office of the
 Secretary of State
**DEPARTMENT OF
 ADMINISTRATIVE HEARINGS**
 illsos.gov

I hereby request a hearing. The purpose of the hearing is to allow me to contest the suspension, revocation, denial or cancellation action of the Secretary of State. Please specify the type of activity engaged in or type of business license held or applied for by petitioner: _____

Other: _____

A hearing request must be accompanied by a **\$50 filing fee**. The fee must be submitted in the form of a check or money order payable to the Secretary of State. CASH IS NOT ACCEPTED. Please check below and mail this form, along with the filing fee, to the location where you would like a hearing. If a hearing request is received without the filing fee, the form will be returned and a hearing will not be scheduled. This fee is **non-refundable** in accordance with Section 2-118 of the Illinois Vehicle Code and 92 Illinois Administrative Code 1001.70.

Please check below and mail this form to the location where you would like a Hearing:

Name	Telephone
Address	Email Address
City/State/ZIP	Dealer Number (if applicable)
DRS Number (if applicable)	Authority Section/Code (if applicable)
VIN Number (if applicable)	Training School License Number (if applicable)

Chicago: Office of the Secretary of State
 Administrative Hearings Department
 17 N. State St., Ste. 1200, 60602
 312-793-3722

Springfield: Office of the Secretary of State
 Administrative Hearings Department
 Rm. 200 Howlett Building, 62756
 217-785-8237

Please indicate preference: a.m. p.m. Number of miles from home to hearing location: _____
 Requests are scheduled based on availability. Your preference is not guaranteed.

ATTORNEY INFORMATION (if applicable)

Attorney: _____

Address: _____

Phone Number: _____

Email Address: _____

By providing the Secretary of State with an email address, the petitioner hereby agrees to receive notification of the time, date and location of his or her hearing and/or final decision by electronic transmission.

NOTE: Because your internet service provider or email program may use a type of spam filter, it is suggested that you add our email address (ahsupportservices@illsos.gov) to your trusted list of senders, contacts and/or address book. Please check your email inbox and/or other folder/spam folders periodically.

 Petitioner's Signature

 Date

 Email Address