

Order of Cancellation of Driving Privilege

Name of driver (<i>Last, First, Middle</i>)		Driver license number
Residence address		
City	State	ZIP code

Your driving privilege is cancelled immediately. Based on an examination, we determined you are unable to safely operate a motor vehicle. You must return any Washington driver license or instruction permit. You may apply for a photo identification card.

If you wish to appeal this action, you may request an administrative interview. Your request will not postpone this cancellation.

To appeal, mail or fax your request for an interview within 10 days from the date of this notice to:

Hearings & Interviews
Department of Licensing
PO Box 9031
Olympia, WA 98507-9031
Fax: (360) 664-8492

Your request must include your name, mailing address, daytime telephone number, and driver license number. If you have an attorney, also include their contact information.

You will be notified in writing of the outcome of the interview.

If you have additional questions, you may call (360) 902-3900.

I certify under penalty of perjury under the laws of the State of Washington that I personally served this notice.

X

Signature of licensing services representative

Date served

Time served