

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**

ilsos.gov

I hereby request a Hearing pursuant to Section 2-118 of the Illinois Vehicle Code. Enclosed is the **\$50 filing fee** (see back for fee information). 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: _____

PLEASE SUPPLY SUPPORTING DOCUMENTS AND/OR A COPY OF THE LETTER RECEIVED FROM THE SECRETARY OF STATE'S OFFICE. INCOMPLETE DOCUMENTATION WILL BE RETURNED AND NOT SCHEDULED.

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)

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

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
 217-782-3296

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@ilsos.net) 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

HEARING FILING FEE

By law, any request for a Hearing must be accompanied by a **\$50 filing fee**. The fee may be submitted in the form of a check or money order payable to Secretary of State. Payment also may be made by credit/debit card by completing the form below. **CASH IS NOT ACCEPTED**. 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.






CREDIT OR DEBIT CARD PAYMENT FORM

To use a Visa, Novus/Discover, American Express or Mastercard as a method of payment for the Hearing filing fee, please complete the information below. **If paying by check, money order or attorney's check, do not complete this form. Furthermore, do not email or fax this form.**

The credit/debit card must have a valid expiration date and a good credit standing. A payment processor fee will be assessed to the total for credit/debit charges. (This fee is charged by the bank. **NO** portion is retained by the Secretary of State.)

Credit

Debit

Petitioner's Name	Driver's License Number			
Street Address	City, State, ZIP Code			
Daytime Telephone Number ()	Please check the appropriate card			
Cardholder's Name (as it appears on card)	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Cardholder's Credit/Debit Card Number	Expiration Date	Security Code	 <small>(3 on back: AMEX-4 on front)</small>	
Cardholder's Mailing Address	City	State	ZIP	

I hereby authorize the Office of the Secretary of State to charge my credit/debit card account for payment to be rendered plus the processor fee.

Cardholder's signature

Date

Petitioner's signature

Date