

APPEAL OF A RULING/DECISION OF THE REGISTRAR OF MOTOR VEHICLES

Please print Name:	t legibly or type: (First)		(Las	-4)	Data of Pirthe (Month/day/year)	
maine:	(TTSt)	()		(1)	Date of Birth: (<i>Month/day/year</i>)	
Address:	(Street)	(Apt/U	nit #)	(City)	(State) (Zip)	
License/Permit/ID#: (State)				Social Security #:		
Telephone number:				Email address:		
Have you ev	ver had a hearing before	ore the Board of	Appeal? Y	es: No:		
				Date of Heari	ing:	
Have you had a hearing with the RMV:Yes:No:Do you have any offenses pending in court?Yes:No:				If yes, do not apply until your court case is resolved.		
	Date	of suspension:				
		Check T	ype of Su	spension:		
60 days 60 days JOL Spe Operatin No Insu (OUI) C Interlock (IVO) In 4 year lo Drug Ch Leaving Leaving	perating under the In k device nterlock violation oss of Habitual Traffi narge the scene – property the scene - personal	vents ecklessly n violation fluence years/n c Offender (HTC damage		Complaint fra	ol /farm plate tion	
Immediate threat Medical problem				Other:		

ATTACH A COPY OF YOUR SUSPENSION/REVOCATION LETTER FROM THE RMV Please attach a **\$50 check or money order** made payable to the Commonwealth of Massachusetts/Division of Insurance. Cash and credit cards are not accepted. This is a non-refundable filing fee.

Please mail the completed form to: License Suspension Appeal **Division of Insurance One Federal Street, Suite 700** Boston, MA 02110-2012

The entire form **MUST** be completed and submitted before a hearing will be scheduled.

Your hearing will be scheduled in the order in which it is received and according to the length of the suspension. There are **no exceptions** in order to be fair to all those filing appeals.

Approximate time frame for a hearing to be scheduled once your appeal has been received:

Suspension period:	Waiting time to be scheduled:
30 day suspension	2 weeks
60 day suspension	3 to 4 weeks
4-8 year suspension	14 to 24 weeks
Other	24 to 75 weeks
Ouler	24 10 / J WEEKS

The Board of Appeal conducts hearings virtually using a free platform called Microsoft TEAMS:

- Hearings are not conducted in-person
- Parties can participate in the virtual hearing from their computer, tablet or cellphone ٠
- A Hearing Notice will be sent via U.S. mail noting the date and time of your scheduled virtual hearing ٠
- At least 7 days prior to the hearing date, an email will be sent with a link and instructions to join virtually ٠
- If you do not have an email address you must contact the board upon receipt of the hearing notice •

Documents you intend to reference or introduce at your virtual hearing must be filed with the Board in advance of the scheduled hearing date (Instructions are detailed in the Hearing Notice).

PLEASE NOTE THE FOLLOWING:

You must have a hearing with the RMV before filing an appeal with the Board of Appeal.

All Breathalyzer/Chemical Test Refusal (CTR) revocations must be appealed through the court system (District Court) or addressed directly to the RMV. The Board does not have jurisdiction to hear CTR appeals.

If your licensing privileges were revoked by the court, not the RMV, you must appeal to the courts.

License suspensions arising out of the Department of Revenue support proceedings should be appealed to the court where the child support order was issued and registered.

If you have had a prior hearing before the Board of Appeal and a hardship license was denied, you cannot reapply for another hearing unless you are appealing a new suspension.

I reviewed the application form, and hereby appeal the ruling/decision of the Registrar of Motor Vehicles in accordance with Massachusetts General Laws. Ch. 90 sec. 28., and understand that this appeal does not prevent the suspension/revocation from taking place.

Signature: _____ Date: _____