Mailing: P.O. Box 6400, Santa Fe, NM 87502 | Email: Scheduling.Unit@aho.nm.gov Phone: (505) 827-0358 | Website: www.aho.state.nm.us

TO: Scheduling Unit, Administrative Hearings Office

Scheduling.Unit@aho.nm.gov

Driver's Name: RE:

> License Number: **Citation Number:**

ENTRY OF APPEARANCE

I represent the driver listed in the above matter. I am requesting an Implied Consent hearing on the revocation of my client's driver's license and will accept service of all notices on their behalf.

Sincerely,	
Attorney's Signature	_
Attorney's Name: Mailing Address:	
Telephone:	

Email Address: