



NEW MEXICO ADMINISTRATIVE HEARINGS OFFICE

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TO: Scheduling Unit, Administrative Hearings Office
Scheduling.Unit@aho.nm.gov

DATE:

FROM:

Hearing Information

Driver's Name:

Hearing Date:

Driver's License Number:

Citation Number:

WITHDRAWAL OF HEARING REQUEST

I hereby withdraw my request for a hearing in the above matter. I understand that I'm entitled to a hearing on the proposed revocation, and can arrange for legal representation about the proposed license revocation and hearing. Nevertheless, I knowingly and voluntarily wish to withdraw the previous request for hearing I filed in this matter. I understand that by withdrawing this request no hearing will be held and that my New Mexico driver's license or non-resident operating privileges will be revoked in accordance with the New Mexico Implied Consent Act.

Signature

Printed Name:

Mailing Address:

Telephone:

Email Address: