State of California
Air Resources Board
ADMINISTRATIVE HEARING OFFICE

In the matter of)
)
)
_____)
(Name of Cited Vehicle Owner))

REQUEST FOR HEARING
Heavy Duty Vehicle Inspection Program

COMPLETE ONE REQUEST FOR HEARING FOR EACH CITATION CONTESTED

CITED VEHICLE OWNER WANTING TO FILE A REQUEST FOR HEARING SHALL FILE THE REQUEST WITH THE EXECUTIVE OFFICER WITHIN 45 DAYS FROM DATE OF BEING SERVED WITH THE CITATION (TITLE 17, CALIFORNIA CODE OF REGULATIONS, SECTION 60075.17(c))

Please answer all questions.
You must fill out Owner Information even if you are the Representative.

1. This is an appeal for Citation number: _____ (Please Attach Copy)
   Date Citation Issued: _____
   Date Owner Received Citation: _____
   Did the Owner receive the Citation by:
   Certified Mail? Yes ☐ No ☐
   Personal Delivery? Yes ☐ No ☐

2. Are you intending to be represented at the hearing? Yes ☐ No ☐

3. Information of Party Requesting Hearing:

Type or Print Name	
Title (if applicable)	
Owner/ Company Name	
Address	
City , State, Zip	
( ) Telephone Number	
( ) Fax Number	
E–mail Address	

Representative Information:

Type or Print Name	
Title (if applicable)	
Company Name	
Address	
City, State, Zip	
( ) Telephone Number	
( ) Fax Number	
E–mail Address	

Please answer all questions.
You must fill out Owner Information even if you are the Representative.

4. A hearing is being requested for the following reasons (check one or more):
   - ☐ Deny existence of violation specified in the Citation
   - ☐ Deny existence of prior violation
   - ☐ Deny ownership of cited vehicle
   - ☐ Other (please explain) _____

   _____
   _____
   _____

5. The specific facts or contentions upon which the request for hearing are based:
   (State facts or contentions for each reason identified in 3 above.)

   _____
   _____
   _____
   _____

6. ☐ The response to question(s) number _____ is (are) continued on separate sheet(s) of paper, which is (are) attached and incorporated herein by reference.

_____ _____
Signature (Owner or Representative) Date

MAIL COMPLETED FORM WITH A COPY OF THE CITATION TO:
ADMINISTRATIVE HEARING OFFICE
ATTN: HEARING CLERK
1001 I STREET, SUITE 107
SACRAMENTO, CA 95814

Any questions regarding this form should be directed to the Hearing Clerk at (916) 327-2032.