

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

A 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 Cited Party Information even if you are the Representative.*

1. This is an appeal for Citation number: _____ (Please Attach Copy)
Date Citation issued: _____
Date Cited Party received Citation: _____
Did the Cited Party 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: Representative Information:

_____ Type or Print Name	_____ Type or Print Name
_____ Title (if applicable)	_____ Title (if applicable)
_____ Owner/ Company Name	_____ Company Name
_____ Address	_____ Address
_____ City , State, Zip ()	_____ City, State, Zip ()
_____ Telephone Number ()	_____ Telephone Number ()
_____ Fax Number	_____ Fax Number
_____ E-mail Address	_____ 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 the violation as specified in the Citation notice
 - Deny existence of prior violation
 - 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 4 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
(Cited Party or Representative)

Date

**MAIL COMPLETED FORM WITH A COPY OF THE CITATION TO:
ARB ADMINISTRATIVE HEARING OFFICE
ATTN: HEARING CLERK
P.O BOX 2815
SACRAMENTO, CA 95812**

Any questions regarding this form should be directed to the Hearing Office at (916) 322-2884.