



Informal Hearing Request

Name: _____ Job Title: _____

Citation #: _____ Violation: _____

Company: _____ Phone#: _____

Reason: _____

***EMAIL FORM TO: myellowwolf@mhadot.com**

Signature: _____

Date: _____

MHA DOT STAFF ONLY

Received by: _____
MHA DOT Staff

Date: _____

Informal Hearing Date: _____

MHA DOT Motor Carrier Operations/ MHADOT.COM/ #701.627.6236