Washington State Department of
Early Learning

Hearing Request Form

Name	Telephone # ( )
Address, city, state, zip Code	

Licensing action: ☐ Disqualification ☐ License Revocation ☐ License Suspension

☐ Revocation and Suspension ☐ License Denial ☐ License Modification ☐ Civil Penalty

Do you think you will have representation at the hearing? ☐ Yes ☐ No

("Representation" can be anyone: a lawyer, family member, colleague, friend, provider advocate)

Do you need an interpreter? ☐ Yes ☐ No

If you answered yes, what language? _____

Are you hearing impaired and need an accommodation? ☐ Yes ☐ No

If you answered yes, please explain what you need: _____

Do you need any other special accommodations? ☐ Yes ☐ No

If you answered yes, please explain what you need: _____

Please explain why you are appealing this decision by the Department of Early Learning:

_____

Your Signature:	Date:

Send this form and a copy of the disqualification, suspension or revocation letter to:

Office of Administrative Hearings
P.O. Box 42488
Olympia, WA 98504-2488
Phone: (360) 664-8717
Fax: (360) 664-8721

and The DEL local office

You will be notified in writing once a hearing date is set.

10.9.2.5 Hearing Request Form
Rev. 7/12