

HIGHWAY TRAFFIC BOARD  
APPEAL REQUEST  
(FORM MUST BE FILLED IN COMPLETELY OR IT WILL BE RETURNED)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Email: \_\_\_\_\_

In order for the Board to proceed with an appeal hearing, we must understand what you are appealing:

- NSC Certificate       Safety Fitness Certificate       IRP Application
- Railway Dispute       Commercial Carrier Administrative Fines
- \_\_\_\_\_ Other

1. Give an explanation as to what decision you are appealing and with whom the dispute is with.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why are you requesting a hearing to be conducted? What remedy are you expecting from this appeal?

Be as specific as possible with details regarding agreements, dates, times, places, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

3. Explain the consequences to you and/or others if this request is not granted:

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4. Include any additional information that would be useful in explaining your request for an appeal hearing:

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PRINTED NAME:

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
COMPANY NAME:

\_\_\_\_\_  
DATE: