



Licence Appeal Tribunal

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Toronto ON M5G 2C2
Phone: 416 314-4260
Toll Free: 1 800 255-2214
Fax: 416 314-4270
Toll Free: 1 800 720-5292
Website: www.lat.gov.on.ca

**Notice of Appeal -
Suspension or Cancellation of a
Driver's Licence for Medical Reasons**

**Under s. 47(1)(b) and s. 50 of the *Highway
Traffic Act***

IMPORTANT INFORMATION

- This appeal form applies only to an appeal of a decision of the Registrar of Motor Vehicles under subsection 47(1)(b) of the *Highway Traffic Act*. You may file at any time during the suspension period.
- You must complete all sections of this form and attach additional information and/or documents as required.
- The processing of your application could be delayed if information or documents are missing.
- There is a non-refundable fee of \$100 to file this request.
- You have the right to a representative. If you have a representative, have them complete the Tribunal's '[Declaration of Representative](#)' form and attach it to this form.

Appellant Name and Contact Information:

Last Name First Name Middle Initial

Address: Street No. and Name, Unit No.

City, Town or Village Province Postal Code

Phone No. Fax No.

Do you have an Ontario driver's licence?

- Yes
- No Other jurisdiction _____

Information about the Decision you are Appealing:

Date Issued
(yyyy/mm/dd)

- As required, I have attached a copy of the decision I am appealing.

Reasons You are Making this Appeal:

Describe in detail the points of the decision that you disagree with and provide details explaining why you disagree with those points. Include any written documents in support of your appeal that you wish to refer to at the hearing, including any medical reports, test results, etc. If you cannot include them with your notice of appeal, be sure to forward them to the Tribunal and to the Registrar in accordance with the requirements of Rule 6 of the Tribunal's Rules of Practice. (Attach additional pages if you need more space.)

Acknowledgement - Read carefully then check each box to confirm the statement and sign and date the form.

- I have completed all pages of this form and attached all the required documentation. I understand that if I submit an incomplete form or do not attach required documents, my appeal may not be processed.
- I have completed the 'Payment Information' section on page 3 of this form and am submitting payment for my appeal in an acceptable format.

Print Name

Signature

Date (yyyy/mm/dd)

The Licence Appeal Tribunal collects the personal information requested on this form under section 3 of the *Licence Appeal Tribunal Act, 1999*. This information will be used to determine applications under this Act. After an application is filed, all information may become available to the public. Any questions about this collection may be directed to the Licence Appeal Tribunal at 416 314-4260 or toll-free at 1 800 255-2214.

This page is not part of your disclosure to the other parties. **Submit this page to the Tribunal only.**

Payment Information:

- Payment of \$100 must be submitted with this form in one of the acceptable formats below.
- The filing fee is per licence. If you are filing an application about more than one licence, ensure you have submitted payment for each one.
- Money Orders, Bank Drafts and Certified Cheques must be made payable to the Minister of Finance.

Acceptable Methods of Payment:

If you are filing your application ...	You must pay by ...
by fax	credit card
by mail or courier	credit card certified cheque money order bank draft
in person at the Tribunal office	credit card certified cheque money order bank draft debit card cash

I am paying my \$100 filing fee by:

- Certified Cheque Money Order Bank Draft
 Debit Card Cash Credit Card*

* If you are paying by credit card, you must provide the following information:

- MasterCard American Express Visa

Expiry Date (mm/yyyy)

Credit Card Number

Cardholder Name (as it appears on card)

Signature

The information you provide on this sheet is confidential. It will be used to process your application, but will not be placed on your file.

For Licence Appeal Tribunal Office Use Only:

LAT File No. _____

Date Application and Fee Processed _____

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