



**Licence Appeal Tribunal**  
 20 Dundas Street West, Suite 530  
 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: <http://www.lat.gov.on.ca>

**Supporting Documentation -  
 Administrative Driver's  
 Licence Suspension –  
 Applicant's Medical  
 Information**  
**Under s.48.3 and s. 50.1 of the  
 Highway Traffic Act**

**IMPORTANT INFORMATION FOR THE APPLICANT:**

- Only submit this information with your Administrative Driver's Licence Suspension appeal if you are appealing on the ground that you were unable to comply with a demand made under section 254 of the Criminal Code (Canada) for a medical reason.
- Ask your doctor to complete all sections of the form and return it to you.
- Attach this completed form to your ['Notice of Appeal'](#) and submit to the Tribunal.

**IMPORTANT INFORMATION FOR THE DOCTOR:**

- Your patient (the Applicant) has appealed a 90-day Administrative Driver's Licence Suspension imposed under s.48.3 of the *Highway Traffic Act*.
- The Applicant has appealed on the ground that there was a medical reason why they were unable to comply with the demand made under s.254 of the Criminal Code (Canada) by a police officer.
- Rule 15.3 of the Tribunal's Rules of Practice requires the Applicant to submit the information requested in this form as part of their appeal.
- Complete all sections of this form and return it to the Applicant.

Tribunal File Number if any \_\_\_\_\_

**Applicant 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.

Details and diagnosis of patient's condition related to this appeal.

History of condition precluding patient from complying with demand made under section 254 of the Criminal Code (Canada).

Type of measurements or recent tests taken including dates.

Relevant details of last visit, including date of patient's last visit.

How long has the applicant been your patient?                      Years              or              Months

Physician's information:

Last Name                                      First Name                                      Middle Initial

Date of Birth (yyyy/mm/dd)

Type of practice or specialized field (indicate specialty)

Address: Street No. and Name, Unit No.

City

Province

Postal Code

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Physician's Signature

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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.