

Licence Appeal Tribunal **Automobile Accident Benefits Service**

15 Grosvenor Street, Ground Floor,

Toronto, ON M7A 2G6 Telephone: 416-326-1356 Toll Free: 1-888-444-0240 TTY: 1-800-855-0511

Email: LATregistrar@ontario.ca Toll Free: 1-844-618-2566 Website: tribunalsontario.ca/lat

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 \$106 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 Ap	ppealing:	
Date Issued		
(yyyy/mm/dd)		
☐ As required, I have attached a copy of the	decision I am appealing.	
02025F (2020/12) © Queen's Printer for Ontario 2020	Disponible en français	Page 1 of 4

Reasons You are Making this Appeal:

exp you etc Tri	escribe in detail the points of the decision that you disagree with and provide details plaining why you disagree with those points. Include any written documents in support of our appeal that you wish to refer to at the hearing, including any medical reports, test results, or it is a contained them with your notice of appeal, be sure to forward them to the bunal and to the Registrar in accordance with the requirements of Rule 6 of the Tribunal's alles of Practice. (Attach additional pages if you need more space.)	
	knowledgement - Read carefully then check each box to confirm the statement and sign and date 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 416-326-1356 or toll-free at 1-888-444-0240.

02025E (2020/12) Page 2 of 4

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

Payment Information:

- Payment of \$106 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:

You must pay by				
credit card				
credit card, certified cheque, money order, bank draft				
I am paying my \$106 filing fee by:				
Bank Draft ☐ Credit Card*				
* If you are paying by credit card, you must provide the following information:				
Expiry Date (mm/yyyy)				
Credit Card Number				
_				

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.

02025E (2020/12) Page 3 of 4

For Licence Appeal Tribunal Office Use Only:

LAT File No.	_
Date Application and Fee Processed	

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 416-326-1356 or toll-free at 1-888-444-0240.

02025E (2020/12) Page 4 of 4