



**Important Information**

- You must complete all sections of this form and attach additional information and/or documents as required.
- The processing of your appeal could be delayed if information or documents are missing.
- There is a non-refundable fee of \$106 to file this appeal.
- 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

Company Operating Name (if applicable)

Numbered Company Name (if applicable)

Address: Street No. and Name, Unit No.

City

Province

Postal Code

Phone No.

Fax No.

**Information about the Decision / Order / Proposal You are Appealing:**

Date Issued

(yyyy/mm/dd)

As required, I have attached a copy of the decision/order/proposal I am appealing.

I am filing my appeal within the deadline indicated on the decision/order/proposal.

Yes

No

**Reasons You are Making this Appeal:**

Describe in detail the points of the decision/order/proposal that you disagree with **and** provide details explaining why you disagree with those points. (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 served a copy of page 1 and 2 of this form and all additional attached documents to the Registrar of the agency that issued the decision/order/proposal I am appealing. I have attached a completed '[Certificate of Service](#)' to this form as proof of service of the documents on the Registrar. (Blank '[Certificate of Service](#)' forms are available on the Tribunal's website at [tribunalsontario.ca/lat](http://tribunalsontario.ca/lat))
- I have completed the 'Payment Information' section on page 4 of this form and am submitting payment for my appeal in an acceptable format. (Do not serve a copy of page 3 with your disclosure documents to the Registrar of the agency that issued your decision/order/proposal. Your payment information should only be provided to the Licence Appeal Tribunal.)

Print Name

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Signature

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Date (yyyy/mm/dd)

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 appeal 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 appeal ...	You must pay by ...
by fax	credit card
by mail or courier	credit card, certified cheque, money order, bank draft

I am paying my \$106 filing fee by:

- Certified Cheque       Money Order       Bank Draft       Credit Card\*

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

- MasterCard       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 Appeal 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 appeals under this Act. After an appeal 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.