

BRITISH
COLUMBIA

RoadSafetyBC

**DRIVING PROHIBITION FOR DRIVING WHILE UNLICENSED
APPLICATION FOR REVIEW
SECTION 259 – MOTOR VEHICLE ACT**

The personal information is collected under section 26(a) and (c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Motor Vehicle Act. If you have any questions about the collection, use and disclosure of the information collected, contact RoadSafetyBC at PO Box 9254, Stn Prov Govt, Victoria BC, V8W 9J2, phone 250-387-7747.

UL No.

3 0 -

DRIVER'S NAME				BC DRIVER'S LICENCE/CLIENT NUMBER	
ADDRESS				CITY/TOWN	
PROVINCE	POSTAL CODE	HOME PHONE NUMBER ()	OTHER PHONE NUMBER ()	FAX NUMBER ()	

REVIEW PROCESS

This review is available if you have been served with a notice of prohibition under section 251(1) of the *Motor Vehicle Act* and are prohibited from driving under section 251(4) of the *Motor Vehicle Act*. You should be aware before applying that this driving prohibition will be terminated without a review if the Insurance Corporation of British Columbia issues you a British Columbia driver's licence.

In order for the prohibition to be revoked in a review, you will need to submit evidence to satisfy the Superintendent of Motor Vehicles that one of the review grounds listed below applies to you. If you are claiming that you are exempt from the requirement to hold a BC driver's licence, you will need to submit evidence that supports your application. If you believe that you should not have been identified as an unlicensed driver, you will need to explain why you held that belief. The Superintendent will also consider your driving record in the review.

You may apply for your review in person at a Driver Licensing Centre, or send this completed Application for Review and a non-refundable \$50 review fee to RoadSafetyBC, PO Box 9254, STN PROV GOVT, Victoria, BC V8W 9J2. If you mail in your application, the review fee must be paid by either certified cheque or money order to the Minister of Finance. Personal cheques are not an accepted method of payment, and the Superintendent will not respond to applications that are submitted without the fee. The application fee cannot be waived or reduced because of financial hardship.

Only one submission is allowed for each application. Therefore you must ensure that your application includes all the relevant information you want to be considered. You will be notified in writing once your application has been reviewed.

APPLICATION FOR REVIEW* (check all applicable boxes)

- ☐ I am exempt from the requirement to hold a BC driver's licence.
- ☐ I have become exempt from the requirement to hold a BC driver's licence since the notice of prohibition was served..
- ☐ My driving record should not have identified me as an unlicensed driver.

These are the only grounds for review. The Superintendent cannot consider hardship in this review.

*The review grounds outlined above are authorized under section 261 of the *Motor Vehicle Act* and have been simplified for readability. This and other relevant sections can be viewed at www.bclaws.ca.

APPLICANT'S SIGNATURE _____ DATE: _____

- ☐ I request a copy of my driving record and any information the Superintendent will consider during the review.

MAKING YOUR WRITTEN SUBMISSION

You may provide written information you wish to be considered by the Superintendent with this application for review. You will be contacted by the Superintendent of Motor Vehicles and advised of the scheduled date of review. You will be advised at that time of the final deadline for submitting any additional written information you wish the Superintendent to consider. This information can be faxed to Appeal Registry at (250) 356-6544.

Attachments included at this time:

Number of Pages

Applicant's Signature

OFFICE USE ONLY

REVIEW SCHEDULE DATE: _____

DISCLOSURE PROVIDED ☐ Driving Record ☐ Other (specify) _____ ☐ Total pages _____

PAYMENT METHOD ☐ Cash ☐ Credit Card (where accepted) ☐ Cheque ☐ Interac (where accepted)

SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE _____

OFFICE _____

DATE _____

RECEIPT NUMBER _____