



NOTICE OF APPEAL

Note: The Superintendent of Motor Vehicles does not have the authority to remove or reduce the amount of any debt.

Surname: (please print clearly)		Given Names:	
Address:		Province:	Postal Code:
Phone (Home)	Phone (Alternate)	Fax:	
BC Driver's Licence No.			

Reasons for Appeal: (Please outline why you wish to appeal ICBC's decision. You will also be given the opportunity to respond to ICBC's written submission in this matter. Attach added pages if needed).	
Signature:	Date (yyyy/mm/dd)
Attachments provided: _____ pages	

Appeals must be made within 30 business days starting on the day you were notified of ICBC's decision.
Appeal fee is \$50.00.
 Make cheques and money orders payable to the **Minister of Finance**

Amount enclosed \$ _____
<input type="checkbox"/> Certified Cheques Only <input type="checkbox"/> Money Order <input type="checkbox"/> Application to Waive fee enclosed

Send application to:
APPEALS REGISTRY
ROADSAFETYBC
PO BOX 9254 STN PROV GOVT
VICTORIA BC V8W 9J2

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.

Ministry of Public Safety and Solicitor General	RoadSafetyBC www.gov.bc.ca/roadsafetybc	PO Box 9254 Stn Prov Gov Victoria BC V8W 9J2	Telephone: (250) 356-6573 Facsimile: (250) 356-6544
MV10001 (03/16)			