



APPLICATION TO WAIVE THE APPEAL FEE

Surname (please print clearly)	Given Names
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Address

City	Province	Postal Code
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Phone (Home)	Phone (Alternate)	Fax
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BC Driver's Licence No:

The application fee may be waived if you are receiving BC Employment and Assistance benefits or if your family income is equal to or less than BC Employment and Assistance.

Please attach verification of receipt of BC Employment and Assistance or evidence of household income to this application.

Verification consists of either:

- A copy of your last BC Employment and Assistance cheque, or
- A signed Ministry of Employment and Income Assistance Release of Information form which may be obtained from your Employment and Income Assistance office.

I AM APPLYING FOR A WAIVER OF THE \$50.00 APPEAL FEE

- Number of people in household: _____
- Total net monthly income: _____
 - (Total net monthly income is the take home pay and other income of everyone occupying the premises where the applicant resides).

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 9254Stn 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) 387-7747 Facsimile: (250) 356-5577
MV 10003 (REV: 02/2016)			