



Safety Standards Appeal Board
Courier Address:
4th Floor – 614 Humboldt Street
Victoria, BC V8W 1A4

Mailing Address:
PO Box 9844 Stn Prov Govt
Victoria BC V8W 9T2

Phone: (250) 387-4021
Fax: (250) 356-6645.
E-mail: SafetyStandardsAppealBoard@gov.bc.ca

FORM 1 - NOTICE OF APPEAL – (Rule 12)

The information on this form is collected under the authority of the *Safety Standards Act* and will be used to process your appeal under the *Safety Standards Act* or the *Homeowner Protection Act*. If you have any questions about the collection and use of this information, contact the Registrar at the address shown above.

To be valid, the Board must receive the appeal, or it must be postmarked (by Canada Post), no later than **30 days** following your receipt of the decision being appealed.

A. APPELLANT INFORMATION

Appellant Name:

Contact Name: (if different)

Contact Address:

City:

Province:

Postal Code:

Telephone: ()

Fax: ()

E-mail:

Indicate preferred method
of receiving
correspondence:

Mail

Fax

E-Mail

Agent (If using an Agent)

Contact Name:

Business Name:

Address:

City:

Province:

Postal Code:

Telephone: ()

Fax: ()

E-mail:

Indicate preferred method
of receiving
correspondence:

Mail

Fax

E-Mail

Counsel (if using counsel)

Contact Name:

Business Name:

Address:

City:

Province:

Postal Code:

Telephone: ()

Fax: ()

E-mail:

Indicate preferred method
of receiving
correspondence:

Mail

Fax

E-Mail

B. GROUNDS FOR APPEAL

A copy of the decision or order that is being appealed must be attached. Explain the grounds of the appeal, identifying (as applicable) specific provisions of the *Safety Standards Act* or *Homeowner Protection Act*, associated regulation(s) and/or adopted code(s) and standard(s) which support the appeal: (If more room is needed, please attach a separate sheet)

C. OUTCOME REQUESTED

Explain the outcome requested by the appellant: (If more room is needed, please attach a separate sheet)

D. WORKER QUALIFICATION DETAILS

If applicable, identify and attach a facsimile of the certificate, license, registration or qualification under appeal.

E. SIGNATURE

_____ Date _____
(Signature of Appellant, Agent or Counsel)

F. APPOINTMENT OF AGENT

If appointing an Agent the signature of the Appellant authorizing a person to act as the Appellant's agent:

I _____ authorize _____ to act as my agent in this matter.
(Appellant Signature)

Date _____