



# Tribunals Ontario

Licence Appeal Tribunal

15 Grosvenor Street, Ground Floor  
Toronto, ON M7A 2G6  
Telephone: 416-326-1356  
Toll Free: 1-888-444-0240  
TTY: 1-800-855-0511  
Email: [LATregistrar@ontario.ca](mailto:LATregistrar@ontario.ca)  
Website: [tribunalsontario.ca/lat](http://tribunalsontario.ca/lat)

## Notice of Appeal – Commercial Motor Vehicle Impoundment and Suspension

Under s. 82.1 and s. 50.3 of the  
*Highway Traffic Act*

### Important Information

- Before you complete this form:
  1. Read the [Information Sheets](#).
  2. Visit the [Filing and Fees](#) web page.
- This appeal form applies only to appeals of a 15, 30 or 60 day impoundment and suspension under s. 82.1 of the *Highway Traffic Act*.
- You must pay the filing fee at the same time as you file your Notice of Appeal.
- Your appeal will be delayed if the filing fee, information or documents are missing.
- The filing fee is non-refundable.
- You have the right to a representative. If you have a representative, have them complete the [Declaration of Representative](#) form and include it with this form.

### Name of Owner of Impounded Vehicle and Contact Information

Last Name	First Name	Middle Initial
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Company Operating Name *(if applicable)*

Numbered Company Name *(if applicable)*

Address:

Street Number	Street Name	Unit Number
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Municipality <i>(City, town)</i>	Province	Postal Code
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Telephone Number	Email Address
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### Name of Operator of Impounded Vehicle and Contact Information

Last Name	First Name	Middle Initial
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Company Operating Name *(if applicable)*

Numbered Company Name *(if applicable)*

Address:

Street Number	Street Name	Unit Number
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Municipality <i>(City, town)</i>	Province	Postal Code
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Telephone Number	Email Address
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**Impounded Vehicle Information**

Vehicle Identification Number (VIN)	Year	Make	Model
Commercial Vehicle Operator's Registration Number of Impounded Vehicle			Plate Number

**Incident Information**

Name of Impoundment Facility

Address

Impoundment Order Number

Date Impoundment Order was issued (yyyy/mm/dd)

**Number of days vehicle is ordered to be impounded (select one)** 15 days       30 days       60 days

**Will you be applying to the Superior Court of Justice for an order directing the Registrar to release the vehicle and reinstate the vehicle portion of its permit as allowed by s.82.1 (21) of the Highway Traffic Act?**

 Yes       No**Appeal Ground (you must select one of the grounds below)**

- The impounded commercial motor vehicle or trailer impounded was stolen at the time the vehicle was detained under Section 82.1.
- The impounded commercial motor vehicle or trailer had no critical defects at the time of the inspection under Section 82.1.

I am filing my appeal within the deadline indicated on the order:

 Yes       No

\* If you answered No, please include a [Notice of Motion](#) requesting an extension of time.

## Reasons You are Making this Appeal

Describe in detail the points of the order that you disagree with **and** provide details explaining why you disagree with those points. *(Attach additional pages if you need more space.)*

**Stolen Vehicle or Trailer:** Please provide the facts about the stolen vehicle or trailer. For example, was the vehicle reported stolen to the Police? When did you have last knowledge of the whereabouts of your vehicle? Do you have any documents, information or evidence about the theft?

**No Critical Defects on Vehicle or Trailer:** Please provide the facts respecting the alleged critical defect(s). For example, what are the facts in dispute? Do you have any documents or evidence that dispute the critical defect(s)?

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## 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, including the filing fee. I understand that if I submit an incomplete form, do not attach required documents, and do not include the filing fee my appeal will be delayed.
- I have completed the 'Payment Information' section of this form and am submitting payment for my appeal in an acceptable format.

Print Name

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Signature

Date (yyyy/mm/dd)

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This page is not part of your disclosure to the other parties. **Submit this page to the Tribunal only.**

## Payment

Payment of \$106 per licence must be submitted with this form. Pay with the [Online Payment Portal](#) using a credit or debit card backed by Visa or MasterCard. Email your appeal to [LATRegistrar@ontario.ca](mailto:LATRegistrar@ontario.ca).

If you are unable to file by email, you may file by mail or courier. Pay by certified cheque, money order, or bank draft made payable to the Minister of Finance. Send your appeal and payment to 15 Grosvenor Street, Ground Floor, Toronto, ON M7A 2G6.

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.

## Payment Methods

I am paying my filing fee by:

[Online Payment](#)      **Online payment 8-digit receipt number:** \_\_\_\_\_

\* If you are paying by online payment, you must provide a copy of your online payment receipt with your appeal.

Certified Cheque       Money Order       Bank Draft

The information you provide on this sheet is confidential. It will be used to process your appeal 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 information requested on this form pursuant to the *Licence Appeal Tribunal Act, 1999*. We use the information to resolve matters under this *Act*. After a matter is filed, all information and records that you submit may become available to the public in accordance with Tribunal Ontario's Access to Records Policy and the *Tribunal Adjudicative Records Act, 2019*. Any questions about this collection may be directed to the Licence Appeal Tribunal at [LATRegistrar@ontario.ca](mailto:LATRegistrar@ontario.ca) or 416-326-1356 or toll-free at 1-888-444-0240.