Highway Traffic Board Medical Appeal Form

1. Last Name _____First Name _____Middle Initial_____

2. Addresses and/or location:

   Suite or Box # _____

   Street Address _____

   Or Land Location _____ City/Town _____

   Province _____ Postal Code _____

   Customer Number or Driver's License Number _____

   Phone Number: _____

   Email address: _____

I give the HTB permission to email my decision to this email address: Yes____ No ____

3. Power of Attorney or support person:

   _____

4. What are you appealing:

   _____

   _____

   _____

   _____

5. Brief reason why you are appealing:

_____

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I hereby certify that, to the best of my knowledge, I have provided true, accurate and complete information to all the questions in this application form.

Name (print): _____

Signature: _____

Dated: _____
(month) (day) (year)