Highway Traffic Board Commercial Carrier Appeal Request

(FORM MUST BE FILLED IN COMPLETELY OR IT WILL BE RETURNED)

NAME:_____COMPANY NAME:_____

ADDRESS:_____CITY: _____PROV: _____

POSTAL CODE:_____

PHONE:_____ EMAIL:_____

Check any that apply:

_____**Admin Fines/Penalties** _____**Established Place of Business**

_____**NSC/IRP Denial/Revocation/Cancellation** _____**Saskatchewan Residency**

1. **What are you appealing? Provide a clear description of the action taken by SGI.**

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2. **Why are you appealing the decision made by SGI? Provide details. Continue on a blank page if more space is required.**

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IMPORTANT: Email completed form to both addresses below:
administratorhtb@gov.sk.ca and carriersafetyprograms@sgi.sk.ca

Attach a copy of SGI's decision letter.
(This letter also indicates you may appeal that decision)

_____	_____	_____
PRINT NAME	SIGNATURE	DATE