

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: _____

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

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

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