

**Motor Vehicle Appeal Board**

Maritime Centre, 9 North,  
Halifax, NS B3J 3K5  
Telephone: (902) 424-4256  
Toll Free: 1-855-424-4256

**Instructions**

Read each section carefully and  
print or type your response in the space provided.

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## APPLICANT'S INFORMATION

Note: Address to which all notices in respect to the appeal will be delivered.

\_\_\_\_\_

First Name

Middle Initial

Last Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Driver's Licence Master Number

\_\_\_\_\_

Address (street number, name and unit number)

\_\_\_\_\_

City

Province

Postal Code

\_\_\_\_\_

Telephone (Home)

Telephone (Mobile)

Telephone (Work)

Fax

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## APPEAL

License Suspension:

\_\_\_\_\_

Effective Date of Suspension

Vehicle Impound:

\_\_\_\_\_

Effective Date of Impound

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## HEARING

I would like to have the hearing held:

In Person

In Writing

Teleconference

The time I will require to present my case:

½ hour

1 hour

other:

## GROUNDS FOR APPEAL

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Please choose the section you are appealing:

*Driver's License Suspensions under Section 279B (please choose one of the following):*

- You dispute that you operated or had care and control of a vehicle when your blood alcohol level was above .08; or,
- You dispute that you failed or refused to provide a breath sample.

*Impoundment of a Vehicle under Section 291A (please choose any of the following):*

- The vehicle was taken without the consent of the owner at the time the Impoundment Order was made;
- The driver of the vehicle was in possession of a valid driver's license at the time the Impoundment Order was made;
- The owner of the vehicle exercised due diligence in attempting to determine that the driver of the vehicle held a valid driver's license prior to giving the person access to their vehicle;
- The Impoundment Order will result in exceptional hardship (does not apply if an order to impound under Section 291A was previously made with respect to any vehicle then owned by the same owner).

## FACTS SUPPORTING THE APPEAL

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Please outline the reason(s) for the above appeal. Attach additional pages, if required:

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## WITNESS

Note: Attach additional witnesses, if required.

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First Name

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Middle Initial

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Last Name

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Relevance of Witness

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Address (street number, name and unit number)

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City

---

Province

---

Postal Code

---

Telephone

---

Fax

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## REPRESENTATION

I will be representing myself.

The following person will be representing me:

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Name of Lawyer/Agent

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Middle Initial

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Last Name

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Law Firm/Company Name

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Address (street number, name and unit number)

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City

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Province

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Postal Code

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Telephone

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Fax

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## CHECKLIST

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- A non-refundable filing fee payable by cheque or Money Order to the Minister of Finance in the amount of \$150.00.
- Copy of the Order being appealed
- All sections of this form completed

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## ACKNOWLEDGEMENT

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I am ready to proceed with the hearing

\_\_\_\_\_

Full Name (Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Witnessed

\_\_\_\_\_

Full Name (Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## NOTES

Neither the MVAB nor Service Nova Scotia and Municipal Relations will make any information regarding your appeal available to the public.

Appeal Guides are available on MVAB website at <http://www.accessns.ca/drivers/motor-vehicle-appeal-board.asp>. For further information, you may call the Motor Vehicle Appeal Board at (902) 424-4256, toll free at 1 (855) 424-4256.