

**APPEAL FORM**

for Articles 3-A and 12-A of the NYS Vehicle and Traffic Law

*(Do not use this form for Traffic Violations Bureau Appeals; use only form AA-33)***FOR OFFICE USE ONLY****WHEN YOU MUST FILE YOUR APPEAL**

You must file this completed appeal form and fee(s) **within 60 days** after the date of the penalty order or, if none, the date of the decision letter or notice. If you file by mail, the U.S. Postal Service's postmark date will be used to determine if you have met the 60-day filing requirement.

**WHERE TO FILE YOUR APPEAL**

Appeals Processing Unit  
PO Box 2935  
Albany NY 12220-0935

**WHAT YOU MUST FILE FOR YOUR APPEAL**

- A **completed** appeal form
- A \$10 non-refundable appeal fee for **each** case number with a decision being appealed (*money order or check, payable to the Commissioner of Motor Vehicles*). Please print your case number(s) on your check or money order. Please also note that we cannot accept a check made out to you by someone else.
- **Do Not Send Cash.**

**HOW TO FILE YOUR APPEAL**

Follow the instructions below, and check the applicable boxes. Put your reasons for appealing on page 2 of this form - do not leave it blank. You can add other reasons later if you order a transcript or if you discover other reasons for appealing. Personal appearances to present arguments to the Board are not permitted. We will acknowledge receipt of your appeal form in writing. If you do not receive an acknowledgement within 20 days of mailing this form, contact the Appeals Board immediately at **(518) 474-1052**, or at the address above. Keep your money order receipt or cancelled check and any proof of mailing for your records.

**WHAT IS BEING APPEALED?** *(Check applicable box.)*

- ☐ Business/Facility/Inspector: License or Penalty Action
- ☐ Driver's License Application Denial (no hearing was held)
- ☐ All others (this includes chemical test refusal, persistent violator, accident investigation, false statement)

**WHAT SHOULD BE REVIEWED?** *(Check applicable box.)*

- ☐ Only the penalty (fine, suspension, revocation). The violation itself is not being disputed.
- ☐ Denial of an application for a license, certificate, or privilege
- ☐ The penalty, and the decision on which it is based. If a hearing was held and you want the testimony reviewed, you must order a **transcript**.

**TRANSCRIPTS**

If a hearing was held in your case, and you want the testimony reviewed by the Appeals Board, you must order a transcript. You will receive instructions and a bill for a deposit to produce your transcript. **Do not send a deposit with this form.** If you do not receive deposit instructions **within 20 days** of mailing this form, contact the Board immediately at **(518) 474-1052**, or at the address above. The Board will not review the hearing testimony if your transcript payment is late or incomplete.

If you checked the box to appeal only the penalty, your reasons for reducing or eliminating the penalty will be reviewed. However, if the penalty is the minimum allowed by law, the appeal will be rejected.

When you receive your copy of the transcript, you may send additional arguments to the Appeals Board **within 30 days**. You do not have to send your copy of the transcript to the Board. The Board will have its own copy.

**FILL IN THE INFORMATION BOXES BELOW.** *Please Type or Print Clearly.*

Last Name		First	M.I.	Date of Birth (Month/Day/Year) / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Decision/Penalty Order (Month/Day/Year) / /
Corporate Name, if applicable				Business License or Permit Number		
Mailing Address (Number and Street)*				Type of Appeal (chemical test refusal, accident, repair shop, etc.)		
City or Town	State	Zip Code	Case Number (on your penalty order or decision letter)		Date of each Hearing Session	
Driver License ID Number			Location of Hearing			

\*If your mailing address is different from the one on this form, or if you change your mailing address, please notify the Appeals Board immediately at **(518) 474-1052**.

Name of Attorney for this appeal, if any	Address (Number and Street)	City or Town, State, ZIP Code
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**STAYS**

Do you want your fine, suspension or revocation to be stopped, or not go into effect, while your appeal is pending (a "stay")? ☐ Yes ☐ No

For most repair shop decisions, a stay is required by law. All other stays are discretionary, and the Board will notify you in writing whether it is granted or denied. No stay can be granted if you do not give valid reasons for appealing and needing a stay, or if you do not pay the appeal fee(s).

**FOR OFFICE USE ONLY**☐ \$10 Appeal Fee received

Date \_\_\_\_\_

Check/Money Order # \_\_\_\_\_


**TYPE OR PRINT THE REASON FOR YOUR APPEAL**

Print or type your explanation of why you are appealing and your reasons for needing a stay (if requested). **Do not leave this section blank.** Attach additional pages if necessary. Read and sign the certification at the bottom of this page. If you have asked for a transcript, you may add to your explanation or reason for appeal **within 30 days** after you receive the transcript.

Any request for **hearing exhibits** for your records should be made directly to the Department of Motor Vehicles, FOIL Unit, 6 Empire State Plaza, Room 521, Albany NY 12228. Tell the FOIL Unit that you have appealed.

**SIGN THIS CERTIFICATION:**

I certify that the information I have given in connection with this appeal is true, to the best of my knowledge.

Sign Here 

\_\_\_\_\_  
(Sign Name in Full)

\_\_\_\_\_  
(Date)

**HAVE YOU ENCLOSED A CHECK OR MONEY ORDER FOR THE APPEAL FEE**  
(payable to "Commissioner of Motor Vehicles")?

**HAVE YOU USED THE CORRECT FORM? THIS FORM IS NOT FOR TRAFFIC VIOLATIONS BUREAU APPEALS.**  
Returned/dishonored checks are subject to a \$35 penalty fee and possible license/certificate/privilege suspension.