

# NOTICE OF APPEAL

## FORM 1

[Rule 3(2)]

The appeal board must receive this notice of appeal, or it must be postmarked (by Canada Post), no later than 30 days following your receipt of the decision being appealed. If you require clarification or assistance please contact the appeal board registry at (250) 387-3464.

**APPEALS TO THE APPEAL BOARD ARE PUBLIC IN NATURE. ANY INFORMATION PROVIDED TO THE APPEAL BOARD IN RELATION TO AN APPEAL MAY BE DISCLOSED TO A MEMBER OF THE PUBLIC UPON REQUEST. THE APPEAL BOARD IS ALSO SUBJECT TO THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT.**

A. APPELLANT INFORMATION:		
<b>Appellant Name:</b>		
Trade Worker Identification Number (TWID): (if available)		
Address:		
City:	Province:	Postal Code:
Telephone: ( )	Fax: ( )	E-Mail:
Business: (if applicable)		
Business Address:		
City:	Province:	Postal Code:
Telephone: ( )	Fax: ( )	E-Mail:
Indicate preferred method/s of receiving correspondence: Home ___ Business ___ Mail ___ Fax ___ E-mail ___		
<b>Representative:</b> (if you are being represented by an agent or a lawyer)		
Contact name:		
Business name:		
Address:		
City:	Province:	Postal Code:
Telephone: ( )	Fax: ( )	E-Mail:
Indicate preferred method/s of receiving correspondence: Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/>		

B. DECISION BEING APPEALED: (Please attach a copy of the decision that is being appealed.)	
Date of Decision:	Date of receipt of decision:
Decision made by:	
Type of Decision: Check one of the following (if applicable):	
<input type="checkbox"/>	refusal to award an industry training credential or industry training recognition credential;
<input type="checkbox"/>	suspension or cancellation of an industry training credential or industry training recognition credential;
<input type="checkbox"/>	refusal to register the applicant as a trainee;
<input type="checkbox"/>	cancellation of the registration of the applicant as a trainee;
<input type="checkbox"/>	revocation or cancellation of the registration of an industry training agreement;
<input type="checkbox"/>	other (specify)

**C. GROUNDS FOR APPEAL:**

Please state why the decision should be changed, the grounds for the appeal and reasons why you disagree with it. If more room is needed, please attach a separate sheet.

**NOTE:** The *Industry Training Authority Act* requires that you first give the Industry Training Authority an opportunity to reconsider its decision before making this application for an appeal to the Industry Training Appeal Board. The Board cannot consider your appeal until the Industry Training Authority has completed its reconsideration, or has referred the matter directly to the Board.

**D. OUTCOME REQUESTED:**

Please explain what remedy or decision you are requesting from the appeal board.

**E. AUTHORIZATION:**

\_\_\_\_\_  
Signature of the appellant, agent or lawyer

\_\_\_\_\_  
Date (dd/mm/yyyy)

**Please send your appeal to:**

Industry Training Appeal Board  
PO Box 9425 Stn Prov Govt  
Fourth Floor, 747 Fort Street  
Victoria, BC V8W 9V1  
Fax: (250) 356-9923