

AND THAT the Appellant will ask that the decision appealed from be reversed/varied as follows:

DATED at _____, Newfoundland and Labrador, this _____ day of _____, _____.

Signature of Appellant
Whose Address for Service is:

TO: Registrar of Motor Vehicles
Dept. of Government Services
Motor Registration Division
P.O. Box 8777
St. John's, NL
A1B 3T2