



**UPPER TRIBUNAL
ADMINISTRATIVE APPEALS CHAMBER**

Office stamp
(date received)

**NOTICE OF APPEAL AGAINST A DECISION OF A
TRAFFIC COMMISSIONER***

Please Use black ink and complete the form in **CAPITALS**.
Use another sheet of paper if there is not enough space for you to say everything.
(Please put your name at the top of the sheet.)

A Type of case

Please give brief details, in your own words, of the decision of the Traffic Commissioner that you want to appeal against (*if necessary continue on a separate sheet*)

**Includes appeals made to the Transport Tribunal under the Transport (Scotland) Act 2001*

B**About the Appellant**

I am ☐ an Operator ☐ a Statutory Objector

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Other Names

Address

Home phone no. Office phone no.

Mobile phone no. Fax no.

Email address

C**About the Appellant's solicitor or other representative**

Do you have a representative? ☐ No ☐ Yes

If yes please give your representative's details below

Name of representative

Organisation (if any)

Address

Status (solicitor, agent, friend etc)

Telephone no. Fax no.

Email address

Reference number (if any)

D**Details of other parties (if any)***If necessary continue on a separate sheet of paper***Operator***(If not the
Appellant)*

Address

**Statutory
Objector**

Address

Representor

Address

E**Details of the original decision appealed against**I Traffic
Commissioner's
Case NumberII Date of
decisionIII Traffic Area
Office**F****Grounds of Appeal** *(It is essential for the grounds of appeal to be set out in full)*

If you want to say more, please use another sheet of paper

G**Stay Of decision** (*suspension of orders until appeal is heard*)

I Have you applied to the Traffic Commissioner to stay his decision? ☐ Yes ☐ No

If Yes, was the stay ☐ Granted ☐ Refused Date of decision

II If the Traffic Commissioner refused to stay the decision do you want to apply to the Tribunal for the decision to be stayed pending the outcome of the appeal? ☐ Yes ☐ No

If Yes give reasons below why a stay should be granted. (*you can only apply to the Tribunal for a stay if it has first been refused by the Traffic Commissioner*)

If you want to say more, please use another sheet of paper

H**Extension of Time**

Has the appeal to the Upper Tribunal (Transport) been made within 1 month of the date at E (II) above? ☐ Yes ☐ No

If No, do you want permission to proceed out of time? ☐ Yes ☐ No

If Yes, give reasons below why permission should be granted.

If you want to say more, please use another sheet of paper

J**Declaration**

I want to appeal and accept responsibility for the conduct of the case.

Appellant's
signature

Name
(in CAPITALS)

Status (*Appellant, solicitor,
agent, friend, etc*)

Date

K**Sending your appeal**

After you have filled in the form please send it and other relevant documents to the address shown below:

The Upper Tribunal
Traffic Commissioner appeals
7th Floor, Victory House
30 – 34 Kingsway
London
WC2B 6AEX

DX: 141420 Bloomsbury 7

You MUST enclose the following documents with this form -

- a copy of the decision letter issued by the Traffic Commissioner
- Your Grounds of Appeal
- a copy of the Traffic Commissioner Stay document (if necessary)

If you do not send these documents your appeal may be delayed or not be admitted

The Office will let you know when they have received this form. Contact the office if you are not told within a week that the form has been received.