



Office of the Director of Appeals:
 155A Matheson Blvd W, Suite 202
 Mississauga, Ontario L5R 3L5
 Fax: (905) 507-4712
 Email: ESA.Appeals@electricalsafety.on.ca
www.esasafe.ca

Office Use Form L2N-2010 Appeal No.: Date:

To the Director of Appeals

Notice of Appeal (of Director of Licensing's Decision) before the Review Panel

IN THE MATTER OF NOTICES ISSUED BY THE DIRECTOR OF LICENSING UNDER S. 113.3 and S.113.5 OF THE ELECTRICITY ACT, 1998

Please complete all sections and submit via fax or mail to the **Director of Appeals** at the above address.

Applicant Information: Please Type or Print Clearly				
Name:	_____	_____	_____	_____
	(Family/Last Name(s))	(Middle Initial)	(First Name(s))	
Company Name: (if applicable)	_____			
Address:	_____	_____	_____	_____
	(Street)	(City)	(Province)	(Postal Code)
Phone Number:	Home ()	Work ()		
Fax Number:	()	Email:	_____	
Applicant's Position				
Please summarize your reasons for this appeal. It is important to be as specific as possible. The request for an appeal should be accompanied by a written submission as to the reason/s you disagree with the decision of the Director of Licensing.				
Please check here if additional summary pages are attached <input type="checkbox"/>				
I/we disagree with the decision issued by the Director and wish to appeal the decision to the Review Panel.				
Date of decision:	_____	Licenses or File No. _____	Appeal(Step One) Number:	_____
"NOAL _____"				
The item(s) of the Notice I/we wish to appeal is(are):				
1.	_____			
Reason:	_____			
2.	_____			
Reason:	_____			
3.	_____			
Reason:	_____			

I/we hereby request a hearing before the Review Panel

_____	_____
Date	Signature of Applicant

BY SUBMITTING PERSONAL INFORMATION TO THE ELECTRICAL SAFETY AUTHORITY, OR ITS AGENTS AND SERVICE PROVIDERS, YOU AGREE THAT ESA MAY COLLECT, USE AND DISCLOSE SUCH PERSONAL INFORMATION IN ACCORDANCE WITH ITS PRIVACY POLICY, APPLICABLE LAWS OR PURSUANT TO OUR ADMINISTRATIVE AGREEMENT WITH THE PROVINCE OF ONTARIO.

If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com and/or www.esaecra.info.

Hearing Information: (Please Note: Although every attempt to accommodate requests will be made, due to individual circumstances, request may not be possible)	
I/we request a hearing: <input type="checkbox"/> In Person <input type="checkbox"/> By Tele-conference <input type="checkbox"/> In Writing <input type="checkbox"/> Other – Specify:	
Representation:	
If you will be represented by a lawyer/agent, please provide the following contact information for the lawyer/agent: If your lawyer/agent is completing this form, the lawyer/agent must attach a written authorization, signed by you (the Applicant), authorizing the lawyer/agent to represent you in this matter.	
Name:	Legal Firm/Company Name:
Address:	
Phone Number: ()	Fax Number: ()

Important Notes:
The following must be included for appeal to be accepted:
(please check box as complete)

- This Notice of Appeal Application, with all pages and sections complete and signed, **submitted within 15 days of receiving the Director’s decision** (Step One), and;
- A copy of the “Director’s Decision Regarding Notice of Appeal` (Step One), and;
- A copy of the original Notice (ie “Notice of Proposal”) being appealed, and;
- Payment of \$113 including HST (non-refundable filing fee) payable to the “Electrical Safety Authority”.

Payment Method		
<input type="checkbox"/> Cheque (Payable to: Electrical Safety Authority)	<input type="checkbox"/> Money Order	
<input type="checkbox"/> Amex <input type="checkbox"/> M/C <input type="checkbox"/> Visa	Card Number:	Expiry:
Name on Card:		