

Appendix**PART I
Forms****FORM 1**
[Clause 33(1)(a)]**Notice of Appeal**Pursuant to section 19 of *The Hearing Aid Sales and Services Act***TO:** The Minister of Health1. I, _____, hereby appeal the
(name of hearing aid dealer)decision made by the Director of Hearing Aid Dealer Licensing on the _____ day
of _____, 20 _____ respecting the following matter:

(Check applicable items)

- _____ refusal to issue licence; [subsection 6(1) of the Act]
- _____ refusal to renew licence; [subsection 6(1) of the Act]
- _____ term or condition included in licence; [subsection 6(2) of the Act]
- _____ suspension of licence; [subsection 11(2) of the Act]
- _____ amendment of licence; [subsection 11(2) of the Act]
- _____ cancellation of licence; [subsection 11(2) of the Act]
- _____ adding or varying term or condition of licence; [subsection 11(2) of the Act]
- _____ order to provide refund, service or other adjustment. [subsection 11(4) of the Act]

A copy of the decision is attached to this Notice of Appeal.

2. I appeal the above-noted decision on the following grounds:

(Here briefly set out the reasons for your appeal, including the errors that you allege were made by the director in making the decision. Please provide full details and attach all supporting documentation. Attach additional pages if necessary.)

3. I request the following relief:

(Here briefly set out what action you are requesting the adjudicator to take, for example: reversing the director's decision, amending the order in some fashion.)

4. I request a stay of the director's decision pending the determination of my appeal.

☐ yes ☐ no

5. My address for service of documents is:

(Here list your address and your telephone number.)

DATED this _____ day of _____, 20 ____.

(signature)