



NOTICE OF APPEAL FORM

To file a Notice of Appeal with the Safety Codes Council, you must provide all of the following:

1. Completed Notice of Appeal form signed by the Appellant;
2. A copy of the Order or Written Notice being appealed; and
3. The appropriate appeal fee by cheque, Visa, or Mastercard.

Please note that for an appeal to proceed, all of the items listed above must be received by the Council’s Coordinator of Appeals within legislated time frames:

- **Order:** 35 days after the date of service of the Order
- **Written Notice:** 30 days after the date of service of the Written Notice

The information you provide on this form is collected under the authority of the Safety Codes Act, R.S.A. 2000, c. S-1, and is in accordance with the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c. F-24 and the Council Bylaws. The information will be used and disclosed for the purposes of administering the Council’s appeal process. If you have any questions about the collection, use and disclosure of this information, contact the Council’s Coordinator of Appeals, at 780-413-0099.

SECTION 1: What are you appealing?

I appeal: Please mark an X next to the type of document you wish to appeal.

FEE

- | | | | |
|----|--|--------------------------|-------|
| A. | An Order of a Safety Codes Officer | <input type="checkbox"/> | \$500 |
| B. | A Written Notice regarding: | | |
| | • Permit – refusal, suspension or cancellation | <input type="checkbox"/> | \$500 |
| | • Accreditation – refusal, suspension or cancellation | <input type="checkbox"/> | \$500 |
| | • Design – refusal to register a design or design deregistration | <input type="checkbox"/> | \$500 |
| | • Variance - refusal | <input type="checkbox"/> | \$500 |
| | • Certification – suspension or cancellation of a SCO’s Certificate of Competency | <input type="checkbox"/> | \$100 |
| | • Designation of Powers – refusal, suspension or cancellation of a SCO’s designation | <input type="checkbox"/> | \$100 |

SECTION 2: Appellant’s Contact Information

Appellant(s) Name and or Company Name:

Address: City:

Province: Postal Code: Phone:

Fax, if applicable: Email Address:

SECTION 3: RepresentationI will represent myself I have a representative I am the representative Name of Representative, if applicable: Firm/ Company Name: Address: City: Province: Postal Code: Phone: Fax, if applicable: Email Address: **SECTION 4: Payment**

Payment Amount:

\$ Cheque enclosed Credit Card *If paying by credit card, the Council will email an associated invoice once this form is received.***SECTION 5: Concise Statement Setting Out the Grounds of Appeal** (continued on next page)



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A large, empty rectangular box with a light blue background, intended for the appellant to provide details of their appeal. The box is enclosed in a dotted border.

SECTION 6: Signature

By my signature, I appeal the Order or Written Notice as described in this form:

Signature of the Appellant:

Safety Codes Council

Suite 500, 10405 Jasper Avenue
Edmonton, Alberta T5J 3N4

Coordinator of Appeals

780-413-0099 (Toll-Free: 1-888-413-0099)

Fax: 780-424-5134

appeals@safetycodes.ab.ca