

License Disqualification Appeal Form

Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

License Details

License Number:

Date of Disqualification:

Reason for Disqualification:

Appeal Statement

Please explain the grounds for your appeal:

Supporting Documents

Upload Supporting Documents:

Choose File

No file selected

☐ I declare that the information provided is true and correct.

Submit Appeal