



**Department of
Motor Vehicles**

ADMINISTRATIVE APPEAL FORM (AA-33A)

VEHICLE AND TRAFFIC LAW ARTICLES 3-A and 12-A

(THIS FORM IS NOT TO BE USED TO APPEAL TRAFFIC VIOLATION BUREAU TICKETS)

DMV USE ONLY

WHAT IS REQUIRED TO FILE AN APPEAL

You must send this **COMPLETED, SIGNED APPEAL FORM** (2 pages) and a **\$10 APPEAL FEE** to the DMV Appeals Board. Read this entire form carefully. Type or print all information clearly. You must state your reason for the appeal on page 2 of this form. You must pay a non-refundable **\$10 appeal fee for each CASE NUMBER you appeal**. DO NOT SEND CASH. Appeal fees must be paid by check or money order, payable to the "Commissioner of Motor Vehicles." Print your case number(s) on your check or money order. A \$35 penalty is charged for dishonored checks.

DEADLINE TO FILE AN APPEAL

You must send this **APPEAL FORM** and the **APPEAL FEE(S)** to the DMV Appeals Board **WITHIN SIXTY (60) DAYS OF THE DATE OF THE DEPARTMENT'S ORDER OF SUSPENSION/REVOCATION, DECISION LETTER, OR NOTICE**. If you file by mail, the USPS postmark will be used to determine if your appeal is timely. If the postmark is illegible, the date your appeal is received by the Board will determine timeliness. You should keep copies of your completed appeal form, appeal fee, and proof of mailing.

WHERE TO SEND AN APPEAL

**Mail the appeal form and
appeal fee(s) to:**

DMV APPEALS BOARD

P.O. BOX 2935

ALBANY, NY 12220-0935

WHAT IS THE SUBJECT OF YOUR APPEAL (Check the appropriate box.)

- ☐ CHEMICAL TEST REFUSAL– DMV HEARING HELD
- ☐ DENIAL OF APPLICATION FOR DRIVER LICENSE, CERTIFICATE OR PRIVILEGE – NO DMV HEARING HELD
- ☐ FACILITY LICENSE OR CERTIFICATE, including INSPECTION STATION, INSPECTOR, DEALER, REPAIR SHOP – DMV HEARING HELD
- ☐ FATAL ACCIDENT, PERSISTENT VIOLATOR, FALSE STATEMENT– DMV HEARING HELD
- ☐ ALL OTHERS – including OTHER DETERMINATIONS MADE WITHOUT A DMV HEARING

HEARING TRANSCRIPTS

If a hearing was held, the Appeals Board may review hearing testimony only if you order and pay for a transcript in a proper and timely manner. The Appeals Board will acknowledge receipt of your appeal form and fee with a letter that will direct you to send a transcript deposit to the designated transcription company within 30 days of the date of the letter. The Appeals Board does not accept transcript payments. If you do not receive an acknowledgment letter, contact the Appeals Board at (518) 474-1052 or at the address above. The Appeals Board will not review hearing testimony unless all transcript payments are timely and complete.

IF A HEARING WAS HELD, check the appropriate box below:

- ☐ **I WANT THE HEARING TESTIMONY REVIEWED BY THE BOARD.** I understand that I am **REQUIRED** to pay a transcript deposit to the transcription company within 30 days of the date of the letter acknowledging receipt of this appeal.
- ☐ **I DO NOT WANT A TRANSCRIPT OF THE HEARING TO BE PRODUCED.** I understand that, without a hearing transcript, the Appeals Board **WILL NOT** review the hearing determination, hearing testimony, or arguments presented at the hearing. The Appeals Board will review the appropriateness of the **PENALTY ONLY**.

REQUESTING A STAY

- ☐ **I REQUEST THAT THE FINE, SUSPENSION OR REVOCATION BE STAYED (STOPPED) PENDING THE OUTCOME OF THE APPEAL.**

Stays pending appeals are granted in the discretion of the Board (except for most Article 12-A appeals). The Appeals Board will not grant a stay unless the appeal fee is paid and valid reasons for the appeal and for needing the stay are provided on page 2 of this form. You will be notified whether your request for a stay has been granted or denied.

REQUIRED APPEAL INFORMATION

All correspondence for this appeal will be sent to the address(es) supplied on this appeal form. You must notify the Appeals Board in writing immediately of any change of address that occurs after this appeal is filed.

Last Name		First Name		M.I.	Type of Appeal (Chemical Test Refusal, License Denial, Inspection, Dealer, Repair Shop, etc.)	
Date of Birth:		MM / DD / YYYY		Sex:		
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	NYS Driver License Client ID Number	
Corporate Name or DBA						
Appeal Mailing Address (Street)					Facility/Certificate Number	
City		State		Zip Code	Case Number(s)	
Email Address		Phone Number			Date of Each Hearing	
ATTORNEY FOR THIS APPEAL (if any)					Date of Decision/Order	
Attorney Mailing Address (Street)					Hearing Location(s)	
City		State		Zip Code	Administrative Law Judge	
Email Address		Phone Number				

**DMV
USE
ONLY**

- ☐ \$10 APPEAL FEE(S) RECEIVED ☐ NO FEE RECEIVED
- ☐ CHECK ☐ MONEY ORDER ☐ AMOUNT: \$ _____

DATE:
MM / DD / YYYY

STAY: _____



WHAT RECORDS ARE REVIEWED

Any exhibits submitted at the hearing will become part of the appeal record. The Appeals Board reviews the entire record created at the hearing. The Board will review a transcript of the hearing only if you order it and pay for it in a timely manner. To receive copies of hearing exhibits for personal use, submit a **FREEDOM OF INFORMATION LAW (FOIL)** request to: DMV FOIL OFFICE, 6 Empire State Plaza, Albany, NY 12228. Information for obtaining DMV records and FOIL forms is available online at: dmv.ny.gov.

APPEAL ARGUMENTS

IN THE SPACE BELOW YOU MUST STATE IN DETAIL THE REASON(S) FOR THIS APPEAL and for needing a stay (if requested). PLEASE TYPE OR PRINT CLEARLY. Attach additional pages, if necessary, and write your name on every page. **Personal appearances and oral arguments are not permitted on appeal.** If a transcript is ordered, you will have 30 days to submit additional arguments from the date of the transcript invoice. After the 30-day period, your appeal will be reviewed and decided. You will receive written notification of the outcome of the appeal.

SIGN AND DATE YOUR APPEAL

I affirm under penalty of perjury that all of the information on this form and all supporting documents submitted with this appeal are true, and that no prior appeal has been filed in this matter.

Sign Here **X** _____ Date _____

BE SURE THAT YOU:

- ☐ Pay the non-refundable appeal fee of \$10 **for EACH case** appealed. Enclose a check or money order payable to "Commissioner of Motor Vehicles".
- ☐ Submit your appeal form and appeal fee(s) to the Appeals Board **within 60 days of the date of your order or notice.**
- ☐ Provide **reasons for your appeal** on page two. If requesting a stay, provide **reasons for a stay request** on page two.
- ☐ **Sign and date** your appeal form on page two.