



**ESA Reviews and Appeals Office:**  
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<b>Office Use Form RP1</b>
Appeal No.:
Date:

## Notice of Appeal to Review Panel

IN THE MATTER OF APPEALS UNDER PART II & III of ONTARIO REGULATION 187/09 MADE UNDER THE SAFETY AND CONSUMER STATUTES ADMINISTRATION ACT, 1996.

Use this form if you disagree with the **decision of the Director of Reviews and Appeals (DORA)** when you have a right to appeal to the Review Panel. You have 15 days to appeal – if you are late, you must make a Request for Extension of Time, using Form RP/OR2. Please complete all sections and deliver by email or mail to the **Reviews and Appeals Office** at the above address.

<b>Appellant Information:</b> <span style="float: right;"><i>(Please Type or Print Clearly)</i></span>				
Name:	<i>(Family/Last Name(s))</i>	<i>(Middle Initial)</i>	<i>(First Name(s))</i>	
Company Name	<i>(If applicable)</i>			
Address:	<i>(Street, Suite No.)</i>	<i>(City)</i>	<i>(Province)</i>	<i>(Postal Code)</i>
Contact Information:	Email:	Phone ( )		
<b>Appellant's Position</b>				
Please state your reason(s) for this appeal. Be as specific as possible about why you disagree with the Decision of the Director of Reviews and Appeals you are appealing.				
I/we disagree with the decision of the DORA and wish to appeal the decision to the Review Panel.				
Date of decision: _____ Case No.: _____ File No.: _____				
The item(s) and reason(s) I/we wish to appeal the Decision is (are):				
1.				
Reason:				
<i>(Please check here if additional pages are attached)</i> <input type="checkbox"/>				
2.				
Reason:				
<i>(Please check here if additional pages are attached)</i> <input type="checkbox"/>				
3.				
Reason:				
<i>(Please check here if additional pages are attached)</i> <input type="checkbox"/>				
<b>Representation:</b> If you will be represented by a lawyer or paralegal, please provide their contact information below. If your representative is completing this form, they must attach a written authorization, signed by you (the Appellant(s)), authorizing them to represent you in this matter.				
Name:	Legal Firm/Company Name:			
Address:				
Phone Number: ( )		Fax Number: ( )		Email:

I/we understand there is a **fee of \$113** (including HST) for filing an appeal before the Review Panel

I/we hereby request an appeal before the Review Panel:

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date

**\*Please complete Page 2**

**Important Notes:** To be accepted, your appeal materials must be delivered no later than **15 days** after the date of the Director of Reviews and Appeals' decision that is being appealed. Your appeal materials must include the following information and documents: *(Please check box when complete)*

- This Notice of Appeal form, with all sections complete and signed;
- A copy of the Director's Decision being appealed;
- A complete copy, including attachments, of your Application for Director's Review (ADR), OR, Application for Director's Hearing (ADH);
- If the appeal is late, a completed Form RP/OR2 – "Request for Extension of Time to Appeal Before the Review Panel);
- Your written submissions and all supporting documentation; and
- Proof of your payment of **\$113** including HST (non-refundable filing fee) made via e-transfer or credit card by contacting the ESA Accounts Receivable at **1-877-ESA-SAFE (372-7233) (Option 4)**. Please state to the Accounts Receivable representative that you need to pay the "Appeal Filing fee" and provide your case number when making payment.

Please inform the ESA Reviews and Appeals Office about any needs or barriers under the *Accessibility for Ontarians with Disabilities Act, 2005*, and/or the Human Rights Code of Ontario as soon as possible.

*ESA is committed to maintaining the security and confidentiality of personal information in accordance with applicable privacy legislation and its Customer Privacy Policy. ESA also makes stipulated categories of information (not including personal information) available upon request as set out in its Access and Privacy Code. By submitting personal information to the ESA Reviews and Appeals Office, you are consenting to ESA collecting, using and disclosing your personal information for the purposes set out in the Customer Privacy Policy. You represent that you have all necessary authority and/or have obtained all necessary consents from any other individuals about whom you provide personal information to ESA in order to enable us to collect, use and disclose such personal information for the purpose described above. Copies of the Customer Privacy Policy and Access and Privacy Code are located on the ESA website at <https://ESAsafe.com>.*