



# Appeal an MOT test result

You can appeal an MOT test result if your vehicle:

- failed, and you think it should have passed
- passed, and you think it should have failed

## Section 1 Your details

Your name

Address

  
  
  
  

Postcode

Telephone number

Email address

Are you the registered keeper of the vehicle?

Yes

No

If no, tell us why you have a legitimate interest in this MOT complaint.

## Section 2

### Vehicle details

Registration number (number plate)

Chassis number or vehicle identification number (VIN)

Make and model

Current mileage (miles / kilometers)

Where is the vehicle kept? (if different from above)

## Section 3

### MOT test details

Name of the MOT vehicle testing station

Vehicle testing station number

Address of the MOT vehicle testing station

  
  
  

Postcode

MOT tester's name (if known)

MOT test number

Did you use any other MOT vehicle testing stations?

Yes

No

If yes, give its details.

## Section 4

### Your complaint

Why do you want to complain about the MOT test?

Has the vehicle been repaired, altered or adjusted since the MOT test was done?

Yes  No

If yes, give the details of what's been done.

Give any extra information you think is relevant to this complaint.

## Section 5

### Your declaration

I understand that I might need to pay for the reinspection. The information provided is true and accurate to the best of my knowledge.

Date

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Print name

Email the form to [csccomplaints@dvsa.gov.uk](mailto:csccomplaints@dvsa.gov.uk).

If you cannot email it, post it to:

DVSA  
The Ellipse  
Padley Road  
Swansea  
SA1 8AN

#### Data protection

We collect, use and store your personal data so that we can investigate your complaint about an MOT test. We may share your personal data if we have a lawful reason. For example as part of a criminal investigation or to prevent fraud.

Find out more at [www.gov.uk/dvsa/privacy](http://www.gov.uk/dvsa/privacy).

### For official use only

Complaint number	
Date Complaint received	
Complaint assigned to (Name)	
Date complainant contacted	
Date and time arranged	
Name of tester invited to attend examination	
Name of AE invited to attend examination	
Complaint outcome (DAR,AWL,NFA)	
Date CDL case completed and sent to MDT	
If no examination took place please give the reason	
Has the test comparison been completed?	
Date case was closed	