



Notice of Appeal against a refusal to issue a Low Emissions Certificate

Paragraph 3 (2) of Schedule 2 of The Road Vehicles (Registration and Licensing) Regulations 2002 (as amended)
The Greater London Low Emission Zone Charging Order 2006

! Before you fill in the form read the [guidance notes](#). Complete this form in block letters.

I / We would like to appeal to the Secretary of State for Transport
against the refusal to issue a Low Emissions Certificate for the
vehicle described below:

Section 1

Appellant's name

Address

Postcode

Contact name for correspondence

Daytime telephone number

Section 2

2

Name and number of Goods Vehicle Testing Station where issue of Emissions Certificate refused

Serial number of Notification of Refusal to Issue an Emissions Certificate given to you

Date of issue of Refusal Notification

Was the Notification of Refusal given to you as a result of (please tick):

a test to clear a Rectification Notice?

a test for routine renewal?

Is this a first or second appeal? (Please tick)

first

second

Date of last appeal hearing (if any)

Section 3

Your vehicle make

Model type

Registration number

Chassis number or VIN

Section 4

3

Please tick below those days and times when it will be convenient for your vehicle to be submitted for the appeal:

<input type="checkbox"/> Monday	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Tuesday	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Wednesday	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Thursday	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Friday	<input type="checkbox"/> am	<input type="checkbox"/> pm

Have any changes been made to your vehicle since the issue of the Notification of Refusal?

Yes No

If changes have been made to your vehicle since the issue of the Notification of Refusal please give EXACT details below:

Please give below your reasons for making this appeal:

Please use the space below to give any other information you think may be relevant to the appeal:

Section 5 Declaration

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I declare that to the best of my knowledge and belief all statements in this application are true.

Your signature

(Appellant or person acting for appellant)

Date



Data protection

The personal information you've given on this form will be used for the purposes of DVSA's statutory functions. It won't be given to other organisations unless required or permitted by law. For further information, visit www.gov.uk/dvsa/privacy.

For official use only

Appeal undertaken by

VTS

Date and time

VTS fee (if applicable)

Cashier

Refund

AM / STE signature

Date

Supplementary notes and remarks