

Reconsideration Request Form PT Board Form 15

About this Form: This form must be completed by any person requesting reconsideration of a Passenger Transportation Board decision.

People requesting reconsideration must:

- Complete the form
- Attach any related documents
- Send a copy of the form to the applicant, if you are not the applicant

Timeline: The form and attachments must be submitted to the PT Board office **within 30 days** of the date that the Board’s decision is published in the [Weekly Bulletin](#)

Part 1: Legal Name of Person requesting Reconsideration (check one of the following and write legal name in space provided)

<input type="checkbox"/> Individual (including sole proprietors)	<input type="checkbox"/> Partnership (name each partner)	<input type="checkbox"/> Legal Entity (i.e. Corporation, LLC, Society, City)
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Legal Name(s): _____

Part 2. Contact Information

All Trade Names (i.e. doing business as): _____

Passenger Transportation Licence Number (if applicable): _____

Mailing Address: _____

Postal Code: _____ Phone: _____

Cell: _____ Email: _____

Part 3. Information about the Reconsideration Request

1. What is the application number of the decision you want reconsidered? _____
2. What is the name of the applicant whose decision you want reconsidered?

3. Are you the applicant? Yes No

(If no, you must send the applicant a completed copy of this form and all attachments)

4. Please check the ground(s) for reconsideration on which you are basing your request.

- (a) information has become available that was not available at the time the decision was made, or
- (b) there has been an error in procedure.

(a) New Information: - this is information that people could not get to the Board before it made a decision on an application. They could not get this information if they had tried. New information is not information that a person gathers after a decision in response to comments by the Board in a decision.

(b) Error in Procedure – this may occur if the Board did not act fairly and impartially in making its decision. Procedural fairness relates to the Board’s decision making process, not to the outcome of the decision.

For more information, please refer to the Board’s [Reference Sheet 14: Options after a Decision](#).

5. On an attached sheet, please give the reasons why you think the grounds for reconsideration apply to your request. Be specific and attach documents that support your claims.

6. If you are not the applicant:

(a) How did you send this form and attachments to the applicant?

(b) When did you send this form and attachments?

Part 4. Signature

! (Please insert electronic signature or print, sign and scan)

Signature: _____

Date: _____