



# MINNEAPOLIS-ST. PAUL INTERNATIONAL AIRPORT APPEAL REQUEST FORM INSTRUCTIONS



These instructions will help you fill out the Appeal Request Form for an Administrative/AOA Driving Violation. All Completed Appeal Request Forms must be returned to:

1. The Appeal Form Drop Box located on the Baggage Claim Level on the wall across from Baggage Carousel 14.
2. The Drop Box located at the MAC Drivers' Training Center at 7550 – 23<sup>rd</sup> Avenue, Minneapolis, MN. **\*\*THE DTC IS NOT STAFFED SO TO ENSURE YOUR APPEAL IS RECEIVED, PUT IT IN THE DROP BOX ON THE SOUTH END OF THE BUILDING\*\*.**
3. Sent via email to [DTC@mspmac.org](mailto:DTC@mspmac.org)
4. Faxed to the MSP Drivers' Training Center at (612) 726-5074

MSP Drivers' Training Center staff will contact you regarding the specific date and time of your appeal. Appeals for citations not resulting in a fine or suspension/revocation of MSP Driving Privileges may be reviewed based solely on information provided in the Appeal Request Form. **Administrative Warning Citations cannot be Appealed.**

## **SECTION 1**

**Citation Number** – This is the number of the citation that was issued to you.

**Initial Appeal** – If you are appealing this citation for the first time, check this box.

**Executive Director Appeal** – If you are making a second appeal for this citation, check this box. Note - only persons who are facing a suspension/revocation of their MSP driving privileges or companies who are facing fines, are eligible to appeal to the Executive Director.

**Last Name** – This is the last name of the person requesting the appeal.

**First Name** – This is the first name of the person requesting the appeal.

**Middle Name** – This is the middle name of the person requesting the appeal.

**Driver's License Number** – This is the state driver's license number of the person requesting the appeal. Note – if the Owner box on the citation is checked, this field is not required.

**State** – This is the state that issued the state driver's license above.

**Street 1** – This is the street mailing address at which you wish to receive future mailings regarding this citation and appeal.

**Street 2** – This is an additional line for the street address to indicate Apartment Number, P.O. Box, Suite Number, etc..

**City** – This is the city mailing address at which you wish to receive future mailings regarding this citation and appeal.

**State** – This is the state mailing address at which you wish to receive future mailings regarding this citation and appeal.

**Zip Code** – This is the zip code for the mailing address at which you wish to receive future mailings regarding this citation and appeal.

**Phone Number** – This is the phone number at which the MSP Drivers' Training Center may contact you regarding this citation and appeal.

**Fax Number** – This is the fax number at which the MSP Drivers' Training Center may contact you regarding this citation and appeal.

**Company** – This is the company that you were employed by at the time the citation was issued to you.

**Department** – This is the department of the company that you were employed by at the time the citation was issued to you.

## **SECTION 2**

**Offense #1** – If you wish to appeal Offense #1 of the citation that you were issued, check this box.

**Explanation** – If you checked the box in Offense #1, explain why you believe this citation should not have been issued for this offense. If you need additional space, use the corresponding space on the second page of the Appeal Request Form.

**Offense #2** – If you wish to appeal Offense #2 of the citation that you were issued, check this box.

**Explanation** – If you checked the box in Offense #2, explain why you believe this citation should not have been issued for this offense. If you need additional space, use the corresponding space on the second page of the Appeal Request Form.

**Offense #3** – If you wish to appeal Offense #3 of the citation that you were issued, check this box.

**Explanation** – If you checked the box in Offense #3, explain why you believe this citation should not have been issued for this offense. If you need additional space, use the corresponding space on the second page of the Appeal Request Form.

**Offense #4** – If you wish to appeal Offense #4 of the citation that you were issued, check this box.

**Explanation** – If you checked the box in Offense #4, explain why you believe this citation should not have been issued for this offense. If you need additional space, use the corresponding space on the second page of the Appeal Request Form.

**Signature** – **The person requesting this appeal should sign here.**

**Date** – This is the date that this form has been completed and submitted.

## **SECTION 3**

Do not fill out anything in this section.



# MINNEAPOLIS-ST. PAUL INTERNATIONAL AIRPORT



## APPEAL REQUEST FORM

### SECTION 1 - This Section to be Completed by Person Requesting Appeal (All information should be typed or printed)

Citation Number		Initial Appeal <input type="checkbox"/>		Executive Director Appeal <input type="checkbox"/>	
Last Name		First Name		Middle Name	
Driver's License Number			State		
Street 1			Street 2		
City		State		Zip Code	
Phone Number			Fax Number		
Company			Department		

### SECTION 2 - Offense(s) Being Appealed – Check all that apply (All information should be typed or printed) (If additional space is needed for explanations, use the back of the form for the corresponding offense)

Offense #1 <input type="checkbox"/>	Explanation
Offense #2 <input type="checkbox"/>	Explanation
Offense #3 <input type="checkbox"/>	Explanation
Offense #4 <input type="checkbox"/>	Explanation

Signature	Date (mm/dd/yyyy)
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### This Section to be Completed by M.A.C.

Process Date (mm/dd/yyyy)	Processed By	Form Date 11/30/2018
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**SECTION 2 – Continued** (All information should be typed or printed)

Offense #1

*Explanation – Continued from front page*

Offense #2

*Explanation – Continued from front page*

Offense #3

*Explanation – Continued from front page*

Offense #4

*Explanation – Continued from front page*