



MINNEAPOLIS-ST. PAUL INTERNATIONAL AIRPORT APPEAL REQUEST FORM INSTRUCTIONS



These instructions will help you fill out the Appeal Request Form for a Notice of Violation (NOV).
All Completed Appeal Request Forms must be:

1. Sent via email to DTC@mspmac.org
or
2. Faxed to the MSP Drivers' Training Center at (612) 726-5074

MSP Drivers' Training Center staff will contact you regarding the next steps of your appeal. Appeals for NOV's 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. **NOV Warnings cannot be Appealed.**

SECTION 1

Notice of Violation Number – This is the number of the Notice of Violation that was issued to you.

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 NOV 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 NOV 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 NOV and appeal.

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

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

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

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

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

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

SECTION 2

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

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

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

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

Explanation field – For each offense that you are appealing, explain why you believe the NOV should not have been issued. If you need additional space, attach a second page to 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.



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)

Notice of Violation Number

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

☐

Explanation

Offense #2

☐

Explanation

Offense #3

☐

Explanation

Offense #4

☐

Explanation

Signature

Date (mm/dd/yyyy)

This Section to be Completed by M.A.C.

Process Date (mm/dd/yyyy)

Processed By

Form Date