



Attachments

Applicant details

Name: _____

Driver certificate/Operator licence number: _____

Address to which results may be sent:

(Please enclose a copy of the Notice of Decision you received)

Documents

I wish the person conducting the internal review to consider the following documents:

(Please attach documents)

Facts

I wish the person conducting the internal review to consider the following facts:

If this space is insufficient please attach additional sheet(s).

Signature of applicant

Date

Please return this form to:

Tow Truck Licensing Reviews

PO Box 972

Parramatta NSW 2124

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