



New York State Department of Motor Vehicles  
**ADMINISTRATIVE APPEAL FORM (AA-33A)**  
**VEHICLE AND TRAFFIC LAW ARTICLES 3-A and 12-A**  
 (THIS FORM IS NOT TO BE USED TO APPEAL TRAFFIC VIOLATION BUREAU TICKETS)

**DMV USE ONLY**

**WHAT IS REQUIRED TO FILE AN APPEAL**

You must send this **COMPLETED, SIGNED APPEAL FORM** (2 pages) and a **\$10 APPEAL FEE** to the DMV Appeals Board. Read this entire form carefully. Type or print all information clearly. You must state your reason for the appeal on page 2 of this form. You must pay a non-refundable **\$10 appeal fee for each CASE NUMBER you appeal**. **DO NOT SEND CASH**. Appeal fees must be paid by check or money order, payable to the "Commissioner of Motor Vehicles." Print your case number(s) on your check or money order. A \$35 penalty is charged for dishonored checks.

**DEADLINE TO FILE AN APPEAL**

You must send this **APPEAL FORM and the APPEAL FEE(S)** to the DMV Appeals Board **WITHIN SIXTY (60) DAYS OF THE DATE OF THE DEPARTMENT'S ORDER OF SUSPENSION/REVOCATION, DECISION LETTER, OR NOTICE**. If you file by mail, the USPS postmark will be used to determine if your appeal is timely. If the postmark is illegible, the date your appeal is received by the Board will determine timeliness. You should keep copies of your completed appeal form, appeal fee, and proof of mailing.

**WHERE TO SEND AN APPEAL**

Mail the appeal form and appeal fee(s) to:  
**DMV APPEALS BOARD**  
**P.O. BOX 2935**  
**ALBANY, NY 12220-0935**

**WHAT IS THE SUBJECT OF YOUR APPEAL (Check the appropriate box.)**

- CHEMICAL TEST REFUSAL- DMV HEARING HELD
- DENIAL OF APPLICATION FOR DRIVER LICENSE, CERTIFICATE OR PRIVILEGE - NO DMV HEARING HELD
- FACILITY LICENSE OR CERTIFICATE, including INSPECTION STATION, INSPECTOR, DEALER, REPAIR SHOP - DMV HEARING HELD
- FATAL ACCIDENT, PERSISTENT VIOLATOR, FALSE STATEMENT- DMV HEARING HELD
- ALL OTHERS - including OTHER DETERMINATIONS MADE WITHOUT A DMV HEARING

**HEARING TRANSCRIPTS**

If a hearing was held, the Appeals Board may review hearing testimony only if you order and pay for a transcript in a proper and timely manner. The Appeals Board will acknowledge receipt of your appeal form and fee with a letter that will direct you to send a transcript deposit to the designated Transcription company within 30 days of the date of the letter. The Appeals Board does not accept transcript payments. If you do not receive an acknowledgment letter, contact the Appeals Board at (518) 474-1052 or at the address above. The Appeals Board will not review hearing testimony unless all transcript payments are timely and complete.

**IF A HEARING WAS HELD, check the appropriate box below:**

- I WANT THE HEARING TESTIMONY REVIEWED BY THE BOARD. I UNDERSTAND THAT I AM REQUIRED TO PAY A TRANSCRIPT DEPOSIT TO THE TRANSCRIPTION COMPANY WITHIN 30 DAYS OF THE DATE OF THE LETTER ACKNOWLEDGING RECEIPT OF THIS APPEAL.
- I DO NOT WANT A TRANSCRIPT OF THE HEARING TO BE PRODUCED. I UNDERSTAND THAT THE BOARD WILL NOT REVIEW HEARING TESTIMONY.

**REQUESTING A STAY**

- I REQUEST THAT THE FINE, SUSPENSION OR REVOCATION BE STAYED (STOPPED) PENDING THE OUTCOME OF THE APPEAL.

Stays pending appeals are granted in the discretion of the Board (except for most Article 12-A appeals). The Appeals Board will not grant a stay unless the appeal fee is paid and valid reasons for the appeal and for needing the stay are provided on page 2 of this form. You will be notified whether your request for a stay has been granted or denied.

**REQUIRED APPEAL INFORMATION**

All correspondence for this appeal will be sent to the address(es) supplied on this appeal form. You must notify the Appeals Board in writing immediately of any change of address that occurs after this appeal is filed.

Last Name	First Name	M.I.	Type of Appeal (Chemical Test Refusal, License Denial, Inspection, Dealer, Repair Shop, etc.)	
Date of Birth:	MM / DD / YYYY	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	NYS Driver License Client ID Number
Corporate Name or DBA			Facility/Certificate Number	
Appeal Mailing Address (Street)			Case Number(s)	
City	State	Zip Code	Date of <b>Each</b> Hearing	
ATTORNEY FOR THIS APPEAL (if any)			Date of Decision/Order	
Attorney Mailing Address (Street)			Hearing Location(s)	
City	State	Zip Code	Administrative Law Judge	

<b>DMV USE ONLY</b>	<input type="checkbox"/> \$10 APPEAL FEE(S) RECEIVED	<input type="checkbox"/> NO FEE RECEIVED	<b>DATE:</b> MM / DD / YYYY	<b>STAY:</b>
	<input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> AMOUNT: \$ _____		

