



If you wish to appeal the findings of an International Registration Plan audit, MAIL THIS COMPLETED APPEAL FORM AND A \$10 NON-REFUNDABLE APPEAL FEE TO THE NYS DMV APPEALS BOARD WITHIN 60 DAYS OF THE DATE OF THE LETTER SENT WITH THE AUDIT FINDINGS. The \$10 APPEAL FEE must be paid by check or money order, payable to the "Commissioner of Motor Vehicles." DO NOT SEND CASH. Print the Audit number on your check or money order. Mail the APPEAL FORM and \$10 APPEAL FEE to:

NYS DMV APPEALS BOARD
PO BOX 2935
ALBANY, NY 12220-0935

TYPE or PRINT all information clearly

Form with fields: Appellant's Last Name, Appellant's First Name, M.I., Email Address, Phone Number, Business or Corporate Name, Mailing Address (Number and Street), City or Town, State, Zip Code, IRP Account Number, Audit Number, Assessment Amount

Note: All correspondence for this appeal will be sent to the address you provide on this appeal form. You must notify the Appeals Board immediately in writing of any change of address that occurs after the appeal has been filed.

Form with fields: Attorney name (if applicable), Mailing Address (Number and Street), City or Town, State, Zip Code, Email Address, Phone Number

Note: If you do not provide attorney information, all correspondence for this appeal will be sent to the address you provide on this form.

In the space below, state the reasons for filing this appeal. Do not leave this section blank. Attach additional pages if necessary. Read and sign the certification at the bottom of this page.

Large empty rectangular box for stating reasons for filing the appeal.

Additional pages attached? [ ] YES How many pages attached? \_\_\_\_\_

CERTIFICATION:

I affirm under penalty of perjury that all of the information submitted in connection with this appeal is true.

Print Name: \_\_\_\_\_

SIGN HERE: \_\_\_\_\_

FOR OFFICE STAFF USE ONLY
\$10 Appeal Fee received: [ ] YES [ ] NO
USPM: \_\_\_\_\_



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If you want to appeal the letter sent with the audit findings, you must complete and mail **PAGE ONE of this form (AA-AUD1)** and a **\$10 APPEAL PROCESSING FEE** to the **NYS DMV APPEALS BOARD WITHIN 60 DAYS OF THE DATE OF THE LETTER SENT WITH THE AUDIT FINDINGS.**

Both the completed, signed appeal form and the appeal fee must be filed with the New York State Department of Motor Vehicles Appeals Board within the required 60-day period. **AN APPEAL WILL BE REJECTED IF THE APPEAL FORM AND FEE ARE NOT FILED** in a timely manner. Completed appeal forms and fees should be mailed to:

**NYS DMV APPEALS BOARD  
PO BOX 2935  
ALBANY, NY 12220-0935**

By law, personal appearances to present arguments to the DMV Appeals Board are not permitted. Receipt of your appeal will be acknowledged in writing. If you do not receive an acknowledgment within 20 days of mailing this form, contact the Appeals Board at the address above, email [appealsboard@dmv.ny.gov](mailto:appealsboard@dmv.ny.gov), or call (518) 474-1052, Monday - Friday, 8:00 a.m. - 4:30 p.m.

A fillable PDF version of this appeal form can be obtained from [dmv.ny.gov/forms/aaaud1.pdf](http://dmv.ny.gov/forms/aaaud1.pdf).

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