

DEPARTMENT OF ECONOMIC DEVELOPMENT AND TRANSPORTATION

Commercial Fisheries Freight Subsidy - Appendix B

Department of Economic Development and Transportation Appeal Request Form

Information from Organization who was denied a Commercial Fisheries Freight Subsidy and wants to request a revision:

Organization Name:				
Primary Contact Person:	Phone Number:			
Fax Number: Date Application:	Email Address:			
Reason given for denial:				
Name of individual/office that denied the	application, if known:			
This appeal must include the original	application form, as well as a	any additional	informatio	n.
This is to notify the Department of Ec to appeal a decision made with respe appealing the decision for the followi	ect to them Commercial Fishe			
Attach additional pages, if necessary	' .			
Signature of Applicant		Contact Number		
Email complete	ed appeals to:			
To be completed by the Appeals Reviewer: Reason for decision:				
		☐ Approved	☐ Denied	
				_ Signature
				•
la the count that this count is decided a count				_ Date
In the event that this appeal is denied, a supp submitted to the Deputy Minister of Economi Transportation.				