

AFFIDAVIT

Under Section 15 (10) of the *Offence Act*

DL#

DOB

YY MM DD

Violation Ticket #

I, _____
Last Name First Name
of _____
Mailing Address

City

Prov.

Postal Code

swear/solemnly affirm that:

YY MM DD

1. On _____ I was to appear at a hearing to dispute the following contravention(s):

Date

Provincial Act / Reg. (Specify)

Description of Offence

Section

Act / Reg

☐ ACT

☐ BC
REG

☐ ACT

☐ BC
REG

☐ ACT

☐ BC
REG

2. I had a genuine intention to appear at the scheduled hearing.

3. Not more than 30 days have passed since the hearing date.

4. Through no fault of my own, I failed to appear before the Provincial Court for the following reason(s).

☐ (Check box if more space is required and add another page)

Sworn/affirmed before me

YY MM DD

on _____ at _____
Date City

in the Province of British Columbia.

Signature

A Commissioner for taking Affidavits for British Columbia

CERTIFICATE

I order that the application is:

☐ Allowed. A new date must be set for this matter, and ICBC and/or the Superintendent must cancel or cease any administrative actions that have been taken or commenced as a consequence of the failure to appear at the hearing.

☐ Denied, for the following reason(s) _____

YY MM DD

as of _____
Date

Signature of Justice