

## VEHICLE SEIZURE & IMPOUNDMENT PROGRAM APPLICATION FOR EARLY RELEASE

# PLEASE CAREFULLY READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

When filing an application for early release under the *Vehicle Seizure and Impoundment Regulations* sufficient supporting documentation **MUST** accompany your application before it can be reviewed. Filing this application **DOES NOT** guarantee the early release of your vehicle from impoundment.

**PLEASE NOTE:** You must pay a NON-REFUNDABLE APPLICATION PROCESSING FEE and provide PROOF OF VALID INSURANCE (where applicable) before your application will be reviewed. The application fee must be paid by submitting your payment information via fax, at (709) 729-7616 or in person at your local Motor Registration office. **Applications are processed within 7 business days from receipt of the completed application.**

For detailed information about the Vehicle Seizure and Impoundment Program and the Early Release Application process please visit:

[www.gov.nl.ca/motorregistration/vehicle-ownership/vehicle-seizure-and-impoundment-program/](http://www.gov.nl.ca/motorregistration/vehicle-ownership/vehicle-seizure-and-impoundment-program/)

1. (a) If you are filing on the grounds that **you will suffer a loss or reduction of employment or educational opportunities** you must provide a detailed signed statement outlining how a refusal to this application will cause a loss or reduction of work, financial hardship, and/or loss of educational opportunities. This should include:

- Information about your occupation and/or educational plan;
- Details about your current employment/educational program, including your employer/educational institution name, regularity (full-time/part-time/casual), your duties and responsibilities/course load, and your typical work/school schedule;
- How long you have been in this position/school program;
- Details outlining if/why you may need a vehicle to perform your work or participate in your school program;
- Information outlining what would happen to your employment/schooling if you don't have a vehicle;
- Travel time between your home and work/school;
- Details outlining your ability to utilise an alternative means of transportation, such as public transport or taxi services;
- Details regarding public transport routes between your home and your work/school, and an explanation as to why such transport can/cannot be used;
- Details regarding any other vehicles which may be available for your use.

(b) You **MUST** include a signed letter from your workplace President/CEO/Manager confirming that you would suffer loss/reduction of employment if your vehicle is not released. If you are a student you **MUST** provide a letter from your educational institution confirming your enrollment. Any other available documents supporting the accuracy of your statement should also be provided.

2. If you are filing on the grounds that **you or the driver of the vehicle were not suspended from driving at the time of seizure** you must provide a signed statement demonstrating that there were not reasonable grounds for police to impound your vehicle. **PLEASE NOTE:** arguments regarding guilt of an offence must be settled in court. This application must only be used to demonstrate a driver was not suspended at the time of seizure.

3. (a) If you are filing on the grounds that the **loss of your vehicle will prevent you or somebody under your care from obtaining medical treatment** you must provide a detailed signed statement outlining how a refusal to this application will cause medical hardship to you or a person under your care. This should include:

- Details relating to any medical treatment or appointments for yourself or someone under your care, including location(s), and the frequency of such appointments;
- Travel time between your home and your medical appointment locations;
- Details outlining your ability to utilise an alternative means of transportation, such as public transport or taxi services;
- Details regarding public transport routes between your home and your place or treatment and an explanation as to why such transport cannot be used;
- Details regarding any other vehicles which may be available for your use.

(b) You **MUST** include a signed letter from a medical professional verifying the times and dates of your scheduled appointments. Any other available documents supporting the accuracy of your statement should also be provided.

4. If you are filing on the grounds that **the driver was in possession of your vehicle without your knowledge or consent or, you were unaware the driver was disqualified from driving** you must provide a signed statement demonstrating this including:

- Who was driving at the time of the incident;
- The relationship of the driver to the owner of the vehicle;
- How frequently they drive the vehicle;
- Why they were driving at the time of the offence;
- If the owner gave consent to the driver at the time;
- What level of knowledge the owner has of the driver's ability and history;
- Details regarding whether you have, or intend to, report your vehicle as stolen to law enforcement;
- Details outlining the steps, if any, you took to determine if the driver was a holder of a valid licence.

**Privacy Statement** Under the Authority of the Highway Traffic Act (HTA) personal information will be collected for the purpose of vehicle seizure and impoundment. Section 6 of the HTA allows Motor Registration Division to disclose personal information to law enforcement, vehicle manufacturers in relation to safety recall campaigns, and select federal, provincial and municipal officials. Any questions in relation to this privacy statement can be directed to the Division at 1-877-636-6867.

# VEHICLE SEIZURE & IMPOUNDMENT PROGRAM APPLICATION FOR EARLY RELEASE

PLEASE PRINT

## REGISTERED OWNER INFORMATION

Name of Driver			Phone ( )		Phone-Other ( )	
Surname		First Name		Initial		
Address						
Street/P.O. Box			City/Town		Province	
Licence Number			Licence Province/State		Expiry Date	
					Class/es	
					Year Month Day	

## VEHICLE INFORMATION

Licence Plate or Certificate Number		Issuing Jurisdiction		VIN		
Plate Year	Make/Model	Vehicle Year	Colour	Other		

## DRIVER INFORMATION (if different from registered owner)

Name of Driver			Phone ( )		Phone-Other ( )	
Surname		First Name		Initial		
Address						
Street/P.O. Box			City/Town		Province	
Licence Number			Licence Province/State		Expiry Date	
					Class/es	
					Year Month Day	

## IMPOUNDMENT DETAILS

Impoundment Date/Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled End Date		<input type="checkbox"/> AM <input type="checkbox"/> PM
Time	Year	Month	Day	Time	Year

## GROUND FOR APPLICATION (select all that apply)

**You are the registered owner of the vehicle and you were driving the vehicle when it was seized:**

- ☐ You will suffer a loss or reduction of employment or educational opportunities.
- ☐ You were not disqualified from driving at the time of seizure.
- ☐ The loss of your vehicle will prevent you or somebody under your care from obtaining medical treatment.
- ☐ You could not reasonably have been expected to be aware that you were disqualified from driving.

**You are the registered owner of the vehicle and you were NOT driving the vehicle when it was seized:**

- ☐ You will suffer a loss or reduction of employment or educational opportunities.
- ☐ The loss of your vehicle will prevent you or somebody under your care from obtaining medical treatment.
- ☐ The driver was not disqualified from driving at the time of seizure.
- ☐ You could not reasonably have been expected to be aware that the driver was disqualified from driving.
- ☐ The driver was in possession of the motor vehicle without the knowledge or consent of the owner.

**APPLICANT STATEMENT****APPLICANT DECLARATION**

I hereby declare that;

- ☐ I have provided complete and correct information in this application;
- ☐ I have attached all necessary supporting documents to this application and they are accurate and correct to the best of my knowledge;
- ☐ I have read the privacy statement;
- ☐ I have paid the application fee in full.

Date

X

Signature of Applicant

**FOR INTERNAL USE ONLY**

DATE REVIEWED \_\_\_\_\_

REVIEWED BY \_\_\_\_\_

APPLICATION APPROVED

☐ YES      ☐ NO

\_\_\_\_\_  
REGISTRAR OF MOTOR VEHICLES

\_\_\_\_\_  
DATE