OCCUPATIONAL HEALTH AND SAFETY TRIBUNAL CANADA TRIBUNAL DE SANTÉ ET SÉCURITÉ AU TRAVAIL CANADA

Application for a Stay of a Direction Issued by an Official Delegated by the Minister of Labour

THE APPEAL		Identify the direction(s) you are appealing and applying to stay.	
Case Number (if known)	Name of Minist	ter of Labou	nr's Delegate who Issued the Direction
Name of the Appellant			Name of Organization Representing the Appellant (if applicable)
ame and Title of the Appellant's	Representative (if ap	plicable)	
Name of the Respondent			Name and Title of the Respondent's Representative (if applicable)
GROUNDS FOR THE A			oplicant may submit this form at same time as the Notice of Appeal or at a ate. Attach additional pages if necessary.
Explain briefly why your a		eed:	
Explain the measures that access to the work place sh			ct the health and safety of employees or any other persons granted
Signature of Applicant			Date
Name of Signatory			Total Number of Pages Submitted