

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

Application to an Appeals Officer

THE APPEAL		Case Number
Name of the Appellant	Name of Organization Representing the Appellant (if applicable)	
Name and Title of the Appellant's Representative (if applicable)		
Name of the Respondent (if applicable)	Name of Organization Representing the Respondent (if applicable)	
Name and Title of the Respondent's Representative (if applicable)		

THE APPLICATION AND GROUNDS	Attach additional pages if necessary.		
Application by	Appellant		Respondent
Explain the nature of the Application:			
Explain why the Appeals Officer should grant the Application:			

 Signature of Applicant

 Date

 Name of Signatory

 Total Number of Pages Submitted