

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

**Application to Obtain Intervenor Status**

<b>THE APPEAL</b>		Case Number (if known)
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)		

<b>INFORMATION ABOUT THE APPLICANT</b>	
Name	
Contact Person and Title	
E-mail Address	Phone Number
Name of Organization Representing the Applicant (if applicable)	
Name and Title of the Applicant's Representative	
E-mail Address	Phone Number

<b>CRITERIA FOR INTERVENOR STATUS</b>	<b>Attach additional pages if necessary.</b>
<b>Explain your interest in the appeal and describe your position:</b>	
<b>Explain how your intervention will assist the appeals officer in making his decision:</b>	

**Explain whether the public interest and those of justice necessitate the intervention**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Signatory

\_\_\_\_\_  
Total Number of Pages Submitted