

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

Application to Obtain Party Status

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

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

CRITERIA FOR PARTY STATUS	Attach additional pages if necessary.
Explain how your interest in the appeal is essentially the same as one of the parties and describe your position:	

Explain how you could be affected by the decision:

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Signature of Applicant

Date

Name of Signatory

Total Number of Pages Submitted