



Hazardous Materials
Information Review Act Appeal
Board Procedures Regulations

FORM 2
[Subsection 5(1)]

APPLICATION NUMBER _____

APPEAL BOARD
HAZARDOUS MATERIALS INFORMATION REVIEW ACT

IN THE MATTER OF: An application for an order pursuant to subsection 26(1) of the *Hazardous Materials Information Review Act* by _____
(name person)

APPLICATION

PART I - GENERAL INFORMATION

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

ADDRESS FOR SERVICE:
(if different from above) _____

CONTACT PERSON:
(where applicant is a Corporation) _____

TITLE: _____

ADDRESS FOR SERVICE: _____

TELEPHONE: _____

OTHER MEANS OF TELECOMMUNICATIONS
AND THEIR NUMBERS: _____

COUNSEL (if any): _____

FIRM: _____

ADDRESS FOR SERVICE: _____

TELEPHONE: _____

OTHER MEANS OF TELECOMMUNICATIONS
AND THEIR NUMBERS: _____

LANGUAGE OF PREFERENCE: ENGLISH FRENCH

FORM 2 (Continued)

PART II - STATUS (Section 20 of the *Act* and subsection 2(2) of the *Hazardous Materials Information Review Regulations*)

NOTE: This Part seeks information in respect of the status of the person filing the application. Please check opposite the description of that status.

STATUS OF THE APPLICANT

In relation to the decision or the order of a screening officer referenced by the present application, the applicant is

AN AFFECTED PARTY AS:

- | | |
|---|--------------------------|
| Supplier of the controlled product | <input type="checkbox"/> |
| Employee at the work place | <input type="checkbox"/> |
| Employer at the work place | <input type="checkbox"/> |
| Safety and health professional for the work place | <input type="checkbox"/> |
| Safety and health representative for the work place | <input type="checkbox"/> |
| Member of a safety and health committee for the work place | <input type="checkbox"/> |
| A person who is authorized in writing to represent | <input type="checkbox"/> |
| (a) a supplier of the controlled product | <input type="checkbox"/> |
| (b) an employer at the work place | <input type="checkbox"/> |
| (c) an employee at the work place, except where the person is an official or a representative of a trade union that is not certified or recognized in respect of the work place | <input type="checkbox"/> |

FORM 2 (Completed)

PART VII - DECLARATION

I, _____, hereby certify on behalf of the applicant herein that
(name)
the information reported in Parts I to VI of this Form is true to the best of my knowledge and belief.

(Signature)

(Date)

(Title)