

Conseil de contrôle des renseignements relatifs aux matières dangereuses

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 <i>Hazardous Materials Information Review Act</i> 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

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:

Supp	plier of the controlled product	Ш
Emp	ployee at the work place	
Emp	ployer at the work place	
	ety and health professional the work place	
	ety and health representative the work place	
	mber of a safety and health mittee for the work place	
•	erson who is authorized in ing to represent	
(a)	a supplier of the controlled product	
(b)	an employer at the work place	
(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	

PART III - INFORMATION REGARDING CLAIMANT

of the application.	nd address of the employer or supplier that has the confidential business information that is the subject
Where the employe	er or supplier carries on business in one province, name the province:
	er or supplier carries on business in more than one province, name the province most directly concerned in and explain why the province is the province that is most directly concerned with the application:
PROVINCE:	
EXPLANATION:	

PART IV - ORDER SOUGHT

State the order that is sought, including the names of the affected parties or the class of affected parties to whom disclosure of the confidential business information is to be made.	

PART V - REPRESENTATIONS

NOTE:	Section 26 of the Act permits an appeal board to make an order for disclosure, in confidence, of confidential business information to named affected parties or each member of a class of affected parties. The order may be made for reasons of health and safety in a work place.		
	Provide a full statement of the reasons, facts and circumstances supporting the application. Attach additional sheets if necessary.		

PART VI - CONFIDENTIAL INFORMATION

NOTE:	The applicant may place confidential information in this separate part of the application and shall mark each sheet of confidential information with the word "Confidential/Confidential".		
CONFIL	CONFIDENTIAL/CONFIDENTIEL:		

FORM 2 (Completed)

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