



FORM 4
[Paragraph 10(1)]

APPEAL BOARD

Hazardous Materials Information Review Act

IN THE MATTER OF: An appeal (or appeals) pursuant to section 20 of the *Hazardous Materials Information Review Act* by _____
(name person)
from the decision(s) of the screening officer dated _____, 20____,
in relation to claim(s) for exemption bearing Registry Number(s) _____
_____.

APPEARANCE

*[Hazardous Materials Information Review Act Appeal Board Procedures Regulations,
Form 4, Subsection 10(1)]*

APPEAL NUMBER(S): _____

TAKE NOTICE that the undersigned intends to participate in these proceedings as

THE CLAIMANT:

AN AFFECTED PARTY AS:

Supplier of the controlled product

Employee at the work place

Employer at the work place

Safety and health professional
for the work place

Safety and health representative
for the work place

Member of a safety and health
committee for the work place

A person who is authorized in writing 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

APPEARANCE (Form 4) (Concluded)

LANGUAGE OF PREFERENCE:

ENGLISH

FRENCH

The undersigned will not be represented by counsel.

OR

The undersigned will be represented by counsel.

NAME OF COUNSEL: _____

ADDRESS FOR SERVICE: _____

TELEPHONE: _____

OTHER MEANS OF TELECOMMUNICATIONS
AND THEIR NUMBERS: _____

DATED AT _____ this _____ day of _____, 20__.

SIGNATURE: _____

NAME: _____

(print)

FIRM: _____

ADDRESS: _____

TELEPHONE: _____

OTHER MEANS OF TELECOMMUNICATIONS
AND THEIR NUMBERS: _____