



## EMPLOYER'S AUTHORIZATION GRANTING A RIGHT OF ACCESS TO ITS FILES

Numérisation	ENL	Date

N° de référence - Guichet CSST :

<b>Important</b>	<p>This form is intended for an employer that wishes to authorize a legal person (firm or body) or a natural person and, where applicable, the authorized person's associates to exercise a right of access to files held by the CSST concerning the employer's classification, assessment and imputation of the costs of benefits and to the employment injury files that the employer itself may access.</p> <p>The employer is responsible for advising the CSST of any changes respecting this authorization. The CSST assumes no responsibility in that regard.</p>
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### Information concerning the authorized person

Name of employer We, <input style="width: 90%;" type="text"/>	Québec enterprise No. or CSST employer No. <input style="width: 90%;" type="text"/>
hereby <b>expressly</b> authorize the following person, as principal, to exercise a right of access to our files:	
Name of authorized person (Name of the firm, body or person)	Québec enterprise No. or CSST employer No.

### Information concerning the authorized person's associates (complete if applicable)

We hereby **expressly** authorize the following persons, as associates, to exercise the same right of access to our files as the aforementioned authorized person:

Name of the associate (Name of the firm, body or person)	NEQ or CSST employer No.	To be completed by the employer		
		Accepted	Refused	Initials
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

The authorized person's authorized associate has the same right of access as that granted to the authorized person. Although both are authorized for the same period, the authorized person may limit the duration of this authorization.

Revocation of the authorized person's authorization implicitly revokes the authorization of all associates.

### Access granted to the authorized person (Check the appropriate box)

**Full access (by default)**

Pursuant to section 37 of the *Act respecting industrial accidents and occupational diseases (AIAOD)*, we hereby expressly authorize the above-mentioned person, as principal and, where applicable, its above-mentioned associates, to exercise a right of access to the files held by the CSST concerning our classification and our assessment and to the files concerning the imputation of the cost of benefits recorded in our files.

Pursuant to section 38 of the AIAOD, we also authorize that person, as principal, and certain associates to exercise a right of access to the files held by the CSST pertaining to employment injuries:

- sustained by workers while they were in our employ;
- the cost of which was imputed to our files pursuant to the AIAOD;
- the cost of which is used to determine our assessment further to a transaction contemplated by section 314.3 of the AIAOD.

The full right of access granted to the authorized person also covers the files of legal persons who are parties to a merger pursuant to which we were created, but **excludes**, where applicable, the following files:

NEQ \_\_\_\_\_      NEQ \_\_\_\_\_      NEQ \_\_\_\_\_      NEQ \_\_\_\_\_      NEQ \_\_\_\_\_

**Limited access**

We hereby expressly authorize the above-mentioned person and, where applicable, its above-mentioned associates, to exercise a limited right of access to the following experience files:

Signature (same person as overleaf)

**Duration of the authorization** (Check the appropriate box)

This authorization terminates on the earliest to occur of the following dates:

 **In the case of a prevention mutual group**

- upon termination of the effects on the assessment<sup>1</sup> of the signatory of its membership in a prevention mutual group (PMG) whose designated person<sup>2</sup> is the person authorized herein as the principal authorized person;
- if the signatory is not a member of such a prevention mutual group, on December 31 of the current year if the authorization is signed before July 1 of the same year or on December 31 of the following year if the authorization is signed after July 1 of the current year;
- upon expiration of a period of least three weeks following receipt of a notice sent to the CSST by the signatory revoking this authorization;
- upon expiration of a period of least three weeks as of the date the CSST has been informed of the winding-up, forced or voluntary liquidation or bankruptcy of the signatory's enterprise.

 **In all other cases**

- upon expiration of the date recorded below by the signatory;
- to years after the signing of this authorization if no termination date is recorded herein;
- upon expiration of a period of least three weeks following receipt of notification from us to the CSST of cancellation of this authorization;
- upon expiration of a period of least three weeks as of the date the CSST has been informed of the winding-up, voluntary or forced liquidation or bankruptcy of our enterprise.

**Authorization is hereby granted until:** (Maximum 2 years)

Date 

Y	Y	Y	Y	M	M	D	D
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<sup>1</sup> «termination of the effects on the assessment» means the first day of the 6th year following the year in which, for the last time, the employer participated in a prevention mutual group whose designated person is the person authorized herein.

<sup>2</sup> Person designated under the agreement binding upon the PMG's employer-members and the CSST.

**The authorized person must inform the CSST without delay of dissolution, voluntary or forced winding-up, or bankruptcy of the employer.**

**Employer's signature\***

Signed in

Date

Y	Y	Y	Y	M	M	D	D
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By (First and last names in block letters)

Title

Signature

Téléphone

Ext.

Fax

Employer's mailing address

Postal code

E-mail

**\* The CSST accepts the signature of any of the following persons:**

**Person authorized by virtue of his or her office:** Natural person who, by virtue of his or her status, may sign documents on behalf of the employer. That status may vary depending on the legal form of the enterprise.

In the case of a legal person, it is the president, vice-president, secretary or treasurer, all of whom sit on board of directors.

In the case of an individual enterprise, it is the sole proprietor.

In the case of a general partnership, it is a partner.

In the case of a limited partnership, it is one of the full partners.

**or**

**Employer's representative:** Person designated by the employer from among its employees to represent it as its representative.

**or**

**Other person duly authorized to sign documents on behalf of the employer:** In the case of a legal person, it is a person duly authorized to sign this form pursuant to a bylaw of that legal person or a resolution of its board of directors. In the case of an individual enterprise or a partnership, it is a person duly authorized to sign this form pursuant to a power of attorney signed by a person authorized by virtue of his or her office. The power of attorney, bylaw or resolution evidencing the signatory's authority must be enclosed with this form.

**SUBMITTING THE AUTHORIZATION FORM**

Forward this form to the address of the person requesting authorization \_\_\_\_\_

**REVOCATION OF AUTHORIZATION**

You may at any time revoke the authorization of the authorized person or that of certain associates to access employer files held at CSST. To do so, all you have to do is send a letter of revocation to the Équipe de soutien au Guichet CSST.