



AUTHORIZATION BY EMPLOYER TO ACCESS FILES

Scan	ENL	Date
Reference no. – CSST Portal :		

Important This form is for employers wanting to authorize a legal entity (company or agency) or person and, if necessary, any person associated therewith, to have access to the CSST files pertaining to classification, assessment and allocation of the cost of benefits as well as access to files on work-related injuries to which employers also have access. Employers are responsible for notifying the CSST of any change regarding this authorization. The CSST is not responsible in this respect.

Information on the authorized person

Employer's name _____ **Quebec company no. or employer's CSST no.** _____

We, _____

expressly authorize the following person to have access to our files :

Name of authorized person (company, agency or person) Groupe Conseil NOVO SST	Quebec company no. or employer's CSST no. 1169650547
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Information on persons associated with the authorized person

We expressly authorize the persons mentioned here below to have the same access to our files as the above-mentioned authorized person :

Name of person associated with authorized person (company, agency or person)	NEQ or employer's CSST no.	To be completed by employer		
		Approved	Refused	Initials
<div style="background-color: yellow; padding: 10px;"> <p>Only the French documents are accepted by the CSST. Please, use this document only for your information.</p> </div>		<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 person associated with the authorized person has the same access as the latter. Although access is the same for both, the authorized person may limit its duration in the case of the associated person. In the event access to the authorized person is revoked, authorization for all persons associated therewith shall be implicitly revoked.

Access granted to the authorized person (Select the appropriate box)

Full access (by default)

In accordance with section 37 of the *Act respecting industrial accidents and occupational diseases (AIAOD)*, we expressly authorize the above-mentioned person and if necessary, any person associated therewith, it have access to the CSST files pertaining to our classification and assessment and to those related to the cost of benefits charged to our file.

In accordance with section 38 of the AIAOD, we also authorize this person and any person associated therewith to have access to the CSST files on work-related injuries:

- Which workers suffered while employed by our company;
- The cost of which was charged to our file under the *Act*;
- The cost of which is used to determine our assessment following a transaction as referred to in section 314.3 of the *AIAOD*.

Full access granted to authorized person and, if necessary, to any person associated therewith, also applies to the files of legal entities party to a merge which resulted in our entity, with the exception of the following files:

NEQ _____ NEQ _____ NEQ _____ NEQ _____ NEQ _____

Restricted access

We expressly authorize the above-mentioned person and, if necessary, any person associated therewith, to have restricted access to the following files:

Signature (same person as on reverse) _____

Duration of authorization (Select the appropriate box)

This authorization ends at the earlier of the following dates:

Authorization for access relating to a safety group

- At the end of the impact on assessment ¹ of the signatory's membership in a safety group whose designated person ² is the person authorized herein;
- If the signatory is not a member of a safety group, on December 31st of the year in progress, if the authorization form is signed before July 1st of the following year, if the form is signed after July 1st of the year in progress;
- Within three weeks of the date the CSST receives a notice from the signatory regarding the revocation of this authorization;
- Within three weeks from the date on which the CSST is notified of the dissolution, voluntary or involuntary liquidation or bankruptcy of the signatory's company.

Authorization for regular access

- At the end date indicated below by the signatory
- Two years after the signing of the authorization, if no date is indicated;
- Within three weeks of the date the CSST receives a notice from us regarding the revocation of this authorization;
- Within three weeks from the date on which the CSST is notified of our company's dissolution, voluntary or involuntary liquidation or bankruptcy.

Authorization is granted for up to: (Maximum – 2 years)

Date

|Y|Y|Y|Y|M|M|D|D|

¹ End of impact on assessment refers to the first day of the 6th year following the one where for the last time, the employer is part of a safety group whose designated person is the person authorized herein.
² Person designated under the agreement linking the employers in a safety group to the CSST.

The authorized person must promptly notify the CSST of the employer's dissolution, voluntary or involuntary liquidation or bankruptcy.

Employer's signature

Signed at		Date	Y Y Y Y M M D D
By (first and last name in block letters)		Position	
Signature	Telephone	Ext.	Fax no.
Employer's mailing address		Postal code	Email

*The CSST accepts the signature of one of the following:

Person duly authorized to act : A person who, by his or her position alone, is authorized to sign documents on behalf of the employer. This position may differ depending on the company's legal structure.

In the case of a legal entity, this means the chairman, Co-Chairman, Secretary or Treasurer who sit on the Board of Directors;

In the case of a sole proprietorship, this means the sole owner;

In the case of a partnership, this means one of the partners;

In the case of a limited partnership, this means one of the general partners;

OR

Employer's respondent: A person the employer has chosen among its employees to represent it as a respondent.

OR

Another person duly authorized to sign documents on behalf of the employer: In the case of a legal entity, this person is duly authorized to sign this form in accordance with the regulations of this legal entity or by resolution of its board of directors. In the case of a sole proprietorship or corporation, this person is duly authorized to sign this form in accordance with a proxy signed by a person duly authorized to act. The proxy, regulation or resolution attesting to the authority of the signatory in this matter must be included with this form.

FORM TRANSMISSION

This form must be sent to the address of the person requesting authorization: Groupe Conseil Novo SST a/s Nathalie Savoie
1020 Bouvier Street, Suite 600, Quebec City, Quebec G2K 0K9

REVOCATION OF ACCESS

Access granted to the authorized person or to any person associated therewith can be revoked at any time. To do so, please send a letter of revocation to the support team at the CSST portal.