Ontario

Ministry of Training, Colleges and Universities
Ministère de la Formation et des Collèges et Universités
Mowat Block 900 Bay St. Toronto ON M7A 1L2
édifice Mowat 900, rue Bay Toronto ON M7A 1L2

Letter of Authorization to Represent Employer

This section to be completed by Training Agency

Please be advised that the following Training Agency will serve as the Employer's representative in matters pertaining to WSIB in this work related injury.

Training Agency _____

Address _____

City, Province _____

Postal Code _____ Firm # _____

Contact Person _____ Telephone # _____

This section to be completed by Placement Employer

_____, unpaid training participant is claiming that he/she
(Training Participant's Name)
suffered a work related injury on _____ while on work placement with our
(Date)
company.

Company Name _____

Address _____

City, Province _____

Postal Code _____ Firm # _____

Contact Person _____ Telephone Number _____

_____ _____
Placement Employer's Authorization Signature Date

To be attached to Form 7 and sent to WSIB.