



Application for Variation/Revocation

Commission file number

Form L

Complete ALL sections. Attach extra sheets if necessary.

Decision Details	Applicant		Insurer(s)
	Date of Decision	Adjudicator	Arbitration or Appeal file number A 00-

Applicant	Company name OR Last name		First name	Middle name	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
	Street address		City	Province	Postal Code
	Home phone number ()	Work phone number ()	Fax number ()	Electronic mail address	

Applicant's Representative	Last name		First name	File reference number	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
	Title		Firm name		
	Street address		City	Province	Postal Code
	Work phone number ()	Fax number ()	Electronic mail address		
	Relationship to the Applicant <input type="checkbox"/> lawyer <input type="checkbox"/> para legal <input type="checkbox"/> parent with whom the child resides <input type="checkbox"/> spouse or family relation <input type="checkbox"/> executor/administrator/trustee <input type="checkbox"/> court appointed guardian <input type="checkbox"/> other, specify ►				

Reasons for the Application for Variation/Revocation	Briefly explain the reasons for your Application.

Extra sheets attached

Actions Sought from the Variation/Revocation	Briefly explain what outcome or result you are looking for in the Application.

Extra sheets attached

Transcripts

Was the hearing recorded?

No Yes

Are you ordering a transcript of the hearing?

No Yes

If Yes, you must inform the other party and arrange for a transcript copy to be provided to him/her and the Director's Delegate. State when you expect to receive the transcript. ▼

If No, briefly explain why a transcript is not needed for the Variation/Revocation. ▼

Extra sheets attached

Preliminary or Interim Order of an Adjudicator

Are you asking for a Variation/Revocation of a Preliminary or Interim Order of an Adjudicator?

No Yes

If Yes, briefly explain why you should be permitted to vary or revoke a preliminary or interim order. Your reasons should be as complete as possible. ▼

Extra sheets attached

Evidence

List any evidence that you intend to rely on that was not part of the hearing. Explain why this evidence is necessary. Your explanation should be as complete as possible.

Extra sheets attached

Signature and Certification

I certify that all information in this Application for Variation/Revocation and attachments is true and complete. I realize that copies of all information filed with this Application for Variation/Revocation will be given to the other party in this dispute.

Name (please print)

Title

Applicant
 Representative

Signature

Date

Cheque or money order enclosed

If your representative is NOT a lawyer, please certify that you have provided your representative with full authorization to discuss all issues in dispute, to negotiate and to enter into an agreement or settlement of any and all issues in dispute, on your behalf in connection with this Application.

I certify that my representative (name of representative ▼)

has full authorization as described above

Applicant Signature

Date

Total number of extra sheets attached

