



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.