



Application for Review or Reconsideration

I. Applicant

Name:

Address:

Telephone Number:

Facsimile Number:

II. Applicant's Authorized Representative

Name of Representative:

Address:

Telephone Number:

Facsimile Number:

III. Other Parties Affected

Provide the name and address of any artist, artists' association, producer or producers' association affected by this application (*use additional sheets if necessary*):

IV. Details of Application

Tribunal file number and date of the decision or order which you wish to have reviewed:

Provide a description of the facts which would justify a review of the decision or order (*use additional sheets if necessary*):

PLEASE ATTACH COPIES OF ANY RELEVANT DOCUMENTS

V. Description of Decision or Order which the Applicant is Seeking

What decision or order do you wish the Tribunal make? (*use additional sheets if necessary*):

V. Language of Choice for Tribunal Proceedings

English French Bilingual

Signature of Applicant or Authorized Representative

Date