

MonEspace | CNESST

Use the online form from your account on MonEspace CNESST. This is the most efficient option.

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Questions?

In MonEspace CNESST, use the Help button, or call 1 844 838-0808.

For the CNESST's use		
Reference no.	Form submitted on	Regional office
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

1. PERSON WITHDRAWING THE APPLICATION FOR REVIEW

Worker
 Worker's representative
 Employer
 Employer's representative
 Other

Information about the worker

Surname (according to birth certificate) First name

Information about the employer

Employer's name (company name) Employer number or Québec enterprise number (NEQ)

Other

Surname First name Position

Information about the representative

Name of the company, firm or union

Surname First name Position

2. APPLICATION FOR REVIEW CONCERNED BY THE WITHDRAWAL

I hereby withdraw the application for review described below. When my withdrawal is received, I understand that the CNESST will terminate processing of the application for review and that it will no longer be possible for me to change my mind.

Date of the application for review concerned by the withdrawal	Subject of the decision concerned by the application for review	Date of the decision concerned by the application for review
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Type of application for review concerned by the withdrawal. Check one of the following choices and enter the corresponding file number.

Compensation and rehabilitation or imputation Worker's file number

Financing Employer number (ENL) or Québec enterprise number (NEQ)

Prevention-inspection Intervention report no. - REP

3. SIGNATURE

Date

Send the completed document to the Commission des normes, de l'équité, de la santé et de la sécurité du travail:

By mail
 CNESST, C. P. 2026, succ. Terminus
 Québec (Québec) G1K 0H9

By fax
 1 855 722-8081

Just one number for the CNESST
 1 844 838-0808

EXPLANATIONS FOR COMPLETING THE FORM

You can use the withdrawal form when you filed an application for review to contest a CNESST decision and you wish to terminate the application for review.

1. PERSON WITHDRAWING THE APPLICATION FOR REVIEW

Check if the person withdrawing the application is the worker, the worker's representative, the employer, the employer's representative or another party (for example, an estate). Then fill out the section corresponding to the box checked. If the application is being withdrawn by a representative, also fill in the section corresponding to the party they represent.

2. APPLICATION FOR REVIEW CONCERNED BY THE WITHDRAWAL

Identify the type of application for review you wish to withdraw.

If the application for review concerns a decision on compensation, rehabilitation or the imputation of costs, please enter the worker's 9-digit file number.

If the application for review concerns a decision on financing, please enter the 8-digit CNESST employer number (ENL) or the 10-digit Québec enterprise number (NEQ) assigned by the Registraire des entreprises to each enterprise registered in the register.

If the application for review concerns a decision on prevention-inspection, please enter the 7-digit intervention report number.