



OCCUPATIONAL HEALTH AND SAFETY

Application for Exemption

Employer

Retrospective Adjustment 2023

Important This form must be returned to the CNESST **before December 15, 2022.**

1. Application for exemption

Name of employer	Québec enterprise number (NEQ) or Employer number
<input type="text"/>	<input type="text"/>

Even though we qualify for retrospective ratemaking according to the CNESST's basic test requirement, we hereby request that our qualification be redetermined on the basis of the insurable wages for the ratemaking year.

2. Signature of employer*

First and last names of the signatory (in block letters)	Date (YYYY-MM-DD)	
Title	Telephone	Ext.
Signature		

* **The CNESST accepts the signature of any of the following persons:**

Person authorized by virtue of their office: Natural person who, by virtue of their status, may sign documents on behalf of the employer. That status may vary depending on the legal form of the enterprise.

In the case of a legal person, it is a person exercising the function of director within the meaning of the act of incorporation. For example, it could be the president, the secretary or a person declared in the Québec Enterprise Register whose function is other than "administrator".

In the case of an individual enterprise, it is the sole proprietor.

In the case of a general partnership, it is a partner.

In the case of a limited partnership, it is one of the full partners.

or

Employer's representative: Person designated by the employer from among its employees to represent it as its representative.

or

Designated employee: Person remunerated by the employer with prior authorization to exercise a right of access to files pertaining to retrospective ratemaking.

or

Other person duly authorized to sign documents on behalf of the employer: In the case of a legal person, it is someone duly authorized to sign this form pursuant to the legal person's bylaws, a resolution of its board of directors or a unanimous shareholders' agreement. In the case of an individual enterprise or a partnership, it is a person duly authorized to sign this form pursuant to a power of attorney signed by a person authorized by virtue of their office.

The document evidencing the signatory's authority must be enclosed with this form.

SUBMITTING THE AUTHORIZATION FORM

You may return the completed and signed form by secure message if you have registered for online services with the CNESST, by fax to 418 266-4653 or toll free to 1 833 798-0669 or by mail to the following address:

CNESST
Service à la grande entreprise et aux mutuelles de prévention
C. P. 2000, succ. Terminus
Québec (Québec) G1K 0H7
Telephone: 418 266-4654
Toll free: 1 800 848-4219