



## REQUEST FOR REVIEW of an Administrative Follow-up Procedure decision

Date of Receipt of the  
Notification of Decision:

Notification of  
Decision ID:

**FOR OFFICE USE ONLY**

Date of Receipt of this  
Request for Review:

Please note that affected parties are responsible for providing all information required to support the review.

### SECTION 1: REQUESTOR INFORMATION

Company Name:	<input style="width: 100%;" type="text"/>		
Requestor Name:	<input style="width: 95%;" type="text"/>	Title:	<input style="width: 35%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>		
City:	<input style="width: 25%;" type="text"/>	Province:	<input style="width: 25%;" type="text"/>
		Postal Code:	<input style="width: 15%;" type="text"/>
Telephone Number:	<input style="width: 15%;" type="text"/>	Email Address:	<input style="width: 45%;" type="text"/>
Company Representative Information (if different from Requestor above):			
Representative Name:	<input style="width: 100%;" type="text"/>		
Mailing Address:	<input style="width: 100%;" type="text"/>		
City:	<input style="width: 25%;" type="text"/>	Province:	<input style="width: 25%;" type="text"/>
		Postal Code:	<input style="width: 15%;" type="text"/>

### SECTION 2: REASON FOR REQUESTING A REVIEW

1. Why are you requesting a review of the decision?

### SECTION 3: SUPPORTING FACTS FOR THE REVIEW OF A DECISION

1. Please identify specific facts that support a requirement for a review:

2. Please identify any new facts or information that should be considered in this review:

Signature:  
(Click box to upload a signature)

Date: