

<p><b>1. Fill out the form by entering the necessary information in the appropriate spaces.</b></p>	▶	<p><b>2. Send the completed document to the <i>Direction générale de l'IVAC</i>:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><b>Online</b></td> <td style="width: 33%;"><b>By mail</b></td> <td style="width: 34%;"><b>By fax</b></td> </tr> <tr> <td><a href="http://www.ivac.qc.ca">www.ivac.qc.ca</a></td> <td>1199, rue De Bleury, C. P. 6056, succursale Centre-ville Montréal (Québec) H3C 4E1</td> <td>1 888 927-0003</td> </tr> </table>	<b>Online</b>	<b>By mail</b>	<b>By fax</b>	<a href="http://www.ivac.qc.ca">www.ivac.qc.ca</a>	1199, rue De Bleury, C. P. 6056, succursale Centre-ville Montréal (Québec) H3C 4E1	1 888 927-0003
<b>Online</b>	<b>By mail</b>	<b>By fax</b>						
<a href="http://www.ivac.qc.ca">www.ivac.qc.ca</a>	1199, rue De Bleury, C. P. 6056, succursale Centre-ville Montréal (Québec) H3C 4E1	1 888 927-0003						

**1. Applicant's Information**

Surname (as shown on birth certificate)	First Name	IVAC File N° <input type="text"/>
Address		Telephone
Number	Street	Main
	Apt.	
City	Province/State	Other
	Postal Code <input type="text"/>	
Does anyone represent you on this request?		Yes <i>(Please complete the Representation mandate on page 2 of this form.)</i>
		No

**2. Information on your application**

Date of decision <input type="text"/>	Purpose of the decision :
	<i>Indicate the reason(s) :</i>
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	<i>Indicate the reason(s) :</i>

***If necessary, use the additional space available at the end of the form.***

Do you intend to submit documents other than those already in your file ?

Yes (state the nature of the documents)

No

Do you have any comments or observations pertaining to your application for review ?

**3. Details on your application**

You may submit any supporting documents you deem relevant to your application (e.g., health assessment, medical expertise, health status follow-up information, tax returns or any other relevant document relating to your application for review). The *Direction générale de l'IVAC* may also request specific documents upon review of your application.

Since the process for obtaining certain documents can be lengthy, we suggest that you undertake them as soon as possible.

**4. Signature of the applicant**

## REPRESENTATION MANDATE

I hereby authorize the person mentioned below to represent me in my application for review. This person may access any information regarding my application and may discuss any matter relating thereto. To this end, I authorize the *Direction générale de l'IVAC* to disclose, to my representative, any information in this matter.

1. Representative's Information					
Firm (if applicable)					
Surname			First Name		
Address (firm or home)				Telephone	
Number	Street	Apt./Office		Main	Ext.
City	Province/State	Postal Code	<input type="text"/>	Fax	<input type="text"/>
2. Signature of the applicant					
				<input type="text"/>	<input type="text"/>