

<p>1. Fill out the form by entering the necessary information in the appropriate spaces.</p>	▶	<p>2. Send the completed document to the <i>Direction générale de l'IVAC</i>:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Online</td> <td style="width: 33%;">By mail</td> <td style="width: 34%;">By fax</td> </tr> <tr> <td>www.ivac.qc.ca</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>	Online	By mail	By fax	www.ivac.qc.ca	1199, rue De Bleury, C. P. 6056, succursale Centre-ville Montréal (Québec) H3C 4E1	1 888 927-0003
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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"/>
Is someone representing you with respect to this application?		Yes (Fill out the representation mandate on page 2 of this form)
		No

2. Decisions affected by the withdrawal

a. Date of decision: <input type="text"/>	Purpose of the decision :
b. Date of decision: <input type="text"/>	Purpose of the decision :
c. Date of decision: <input type="text"/>	Purpose of the decision :
d. Date of decision: <input type="text"/>	Purpose of the decision :

3. Consequences of the withdrawal

By withdrawing my application, I understand that I am waiving my right to request the review of the above-mentioned decisions. **As a result, these decisions will be final**, and I will not be entitled to file a new application for review or to challenge them before the *Tribunal administratif du Québec*.
I understand that no action will be taken in my file, and that my review file will be closed

4. Applicant's signature

I hereby acknowledge the withdrawal of my application for review of the above-mentioned decisions, and I understand the scope of such withdrawal.

REPRESENTATION MANDATE

I hereby authorize the person mentioned below to represent me with respect to my application for review. This person will have access to all of the information relating to my application for review and may discuss any related topic. To this end, I authorize the IVAC Direction générale to communicate to my representative all information relating to this file.

1. Information about the representativeFirm *(if applicable)*

Surname

First name

Address *(firm or home)*

Number

Street

Apt./Office

Telephone

Main

Ext.

City

Province/State

Postal
code

Fax

2. Applicant's signature