

## Letter of Authorization to Represent Employer

### This section to be completed by Training Agency

Please be advised that the following Training Agency will serve as the Employer's representative in matters pertaining to WSIB in this work related injury.

Training Agency \_\_\_\_\_

Address \_\_\_\_\_

City, Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Firm # \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

### This section to be completed by Placement Employer

\_\_\_\_\_, unpaid training participant is claiming that he/she  
(Training Participant's Name)  
suffered a work related injury on \_\_\_\_\_ while on work placement with our  
(Date)  
company.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Firm # \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Placement Employer's Authorization Signature

\_\_\_\_\_  
Date

To be attached to Form 7 and sent to WSIB.