RAP-9 – Application to Intervene

NOTE: A person or organization wishing to intervene in a hearing before the Panel must submit this completed form to seek permission from the Panel. See Review and Appeal Panel *Rules of Procedure* at www.tlaaminnation.com

TLA'AMIN NATION Review and Appeal Law Form RAP-9 APPLICATION TO INTERVENE	Date received: _____ Request number: _____ (for office use only)

APPLICANT

Full legal name:	
Citizenship No.: *if applicable*	
Phone No.:	
Mailing address:	
E-mail address:	

APPLICANT'S AGENT *To be completed only if applicant is using an agent*

Full legal name:	
Phone No.:	
Mailing address:	
E-mail address:	

ADDRESS FOR DELIVERY *This will be used to deliver any notices in relation to this application.*
Note: the Panel's preferred means of communication is e-mail

CHECK ONE:

☐ *Applicant's mailing address*
☐ *Applicant's e-mail address*
☐ *Applicant's agent's mailing address*
☐ *Applicant's agent's e-mail address*

SIGNATURE: *This application must be signed by the applicant or the applicant's agent.*

_____
FIRST AND LAST NAMES OF APPLICANT **OR** AGENT – *Please print*

_____ _____
DATE SIGNATURE

THIS FORM HAS 2 PAGES. YOU MUST COMPLETE BOTH

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NOTE: If there is not sufficient space on this form for the information required, you may attach a schedule and reference it in the space provided.

APPLICATION IN WHICH THE INTERVENTION IS SOUGHT
Application #_____ Hearing Date _____

BASIS FOR INTERVENTION State here why you wish to intervene; in particular why you are interested in this matter. See also RAP *Rules of Procedure* Rule 22.(2) www.tlaaminnation.com