

ITS G Form 07
Request for Reconsideration or Review
The Technical Safety Act

NOTE: Use this form to request reconsideration/review of a decision by the Director. Requests for reconsideration must be submitted within 14 days of the issuance of the decision.

I. APPLICANT INFORMATION			(PLEASE PRINT)
Name:	Organization (if applicable):		
Address:	Phone:	Email:	
Client/Account # (if applicable):			

II. DECISION BEING RECONSIDERED/REVIEWED			
Type of Decision:			
Permit	License	Certificate	Higher Standards Order
			Inspector Order
			Administrative Penalty
DRA File No. (required if known):	Date of Decision:	Effective Date of Decision (if applicable):	Notice of Decision Attached

III. GROUNDS FOR RECONSIDERATION
Explain why you are requesting reconsideration/review. Include relevant facts, technical documentation, and code/standard references that support your position. (Attach additional pages if required.)

IV. RELIEF OR OUTCOME REQUESTED
Explain the outcome or change you are requesting from the Director.

V. REQUEST FOR STAY (Optional)
I am requesting a stay (temporary pause) of the decision pending the Director's reconsideration
If requesting a stay, you must also submit <i>ITS G Form 08 - Request for Stay or Suspension of a Decision</i> .

VI. DECLARATION
I declare that the information provided in this request and all attachments is true and complete to the best of my knowledge.
Name: _____ Signature: _____ Date: _____

Submission Instructions

Requests for reconsideration/review must be submitted in writing within 14 days of the date the decision was issued.

Submit the completed form and all supporting documents to:
Inspection and Technical Services
Labour and Immigration
508-401 York Avenue
Winnipeg, MB R3C 0P8
Email: DRAintake@gov.mb.ca

What Happens Next

Upon receipt of a complete request, the Director will:

- review your submission and supporting documentation
- consider any additional information required
- issue a decision confirming, varying, or rescinding the original decision