**REQUEST FOR THE USE OF VIDEOCONFERENCE
AT A HEARING, A PRE-HEARING CONFERENCE OR A MANAGEMENT CONFERENCE**

TAT record(s):

**Applicant**

Name:

Address:

Telephone:

Fax:

Email:

**Person to be heard by videoconference**

Name:

Address:

Telephone:

Fax:

Email:

**Purpose of the videoconference Communication mode**

**[ ]** Expert testimony **[ ]** TAT network:

 (TAT office location)

**[ ]** Representations

 **[ ]** Virtual room

**[ ]** Factual testimony Type of equipment available for the videoconference:

Webcam : [ ]  Yes [ ]  No

High-speed Internet: [ ]  Yes [ ]  No

**Reasons for the request:**

**Expected duration of the videoconference:**

**Agreed to by the other parties:** [ ]  yes [ ]  No

**Expecting a video presentation:** [ ]  Yes [ ]  No



 Signature of applicant or representative Date

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| Fill this form out online or on paper and submit it by email, fax, mail or in person, at the [office](https://www.tat.gouv.qc.ca/nous-joindre/) in charge of your file. |