



An Coimisiún um Chaidreamh san Áit Oibre  
Workplace Relations Commission

## FORM OF AUTHORITY (Inspection Cases)<sup>1</sup>

The Employer,

Name	Address	Employer Registered No

hereby authorises: -

Name	Address

to act on its behalf with the Workplace Relations Commission, until otherwise notified, in relation to inspections, enquiries and related matters associated with WRC Inspection Case Ref \_\_\_\_\_.

PRINT NAME	
Capacity	
Signature	
Date	

<sup>1</sup> This Authority relates to Inspection cases only and does not convey authority in relation to other cases that may be underway or before the WRC (e.g. in relation to adjudication, mediation, conciliation, etc.)