WORK SAFE BC

Mail:
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1
Fax:
604.233.9777, toll-free **1.888.922.8807**
Phone:
604.231.8888, toll-free 1.888.967.5377

WorkSafeBC Authorization of Representative

RESET

You are not required to have a representative for WorkSafeBC matters. However, if you want someone to act as your representative, please sign and **complete this form in full**. This form also authorizes WorkSafeBC, including the Review Division, and the Workers' Compensation Appeal Tribunal (WCAT) to give confidential information about you or your business to your representative.

1. Information about you

Inform WorkSafeBC or WCAT if your contact details change.

Employer account number (if applicable)	WorkSafeBC claim number (if applicable)

☐ Mr. ☐ Mrs. ☐ Dr. ☐ Ms. ☐ Miss	Last name	First name	Middle initial

Title and business name (if applicable)

Mailing address	City	Province	Postal code

Area code and daytime phone number	Other phone number (include area code)	Fax number (include area code)

I am
- ☐ A worker
- ☐ A deceased worker's dependant
- ☐ An employer
- ☐ Other (explain) _____

2. Scope of representation

My representative will represent me with respect to the following WorkSafeBC matters, including any reviews or appeals that may arise: (check all that apply)

- ☐ All assessment matters, including the authority to settle such matters
- ☐ All compensation claims matters, including section 10(8) transfers
- ☐ All return-to-work matters
- ☐ All relief of costs matters
- ☐ All discriminatory action matters
- ☐ All certificate matters (e.g., first aid, blasting)
- ☐ All occupational health and safety matters
- ☐ Section 257 certificate matters, **or**
- ☐ Only the following matters (provide claim number or other details)

- ☐ This authorization refers to ALL my claims
- ☐ A single claim for claim number as noted above

3. Representative (you may appoint one person or an organization to represent you)

My representative is:

☐ One person — Name of person ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr. | Relationship

☐ An organization — Name of organization | Contact person ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Ms. ☐ Miss

Representative's mailing address	City	Province	Postal code

Area code and daytime phone number	Other phone number (include area code)	Fax number (include area code)

- I consent to WorkSafeBC or WCAT disclosing to my representative the contents of any WorkSafeBC file(s) or related information for which I am eligible to receive disclosure. I authorize my representative to act on my behalf before WorkSafeBC, including the Review Division, or WCAT with respect to those files.
- This authorization form will replace any previous authorization(s) I have submitted to WCAT or WorkSafeBC for the same scope of representation identified in section 2 of this form.
- If I cancel this authorization, I understand that I must notify WCAT and the WorkSafeBC department(s) handling my outstanding matters.
- **For individuals**: This authorization shall remain in effect for two years from the date of signing, unless I cancel it in writing, or until my death, whichever is earliest.
- **For employers**: This authorization shall remain in effect for two years from the date of signing, or until it is cancelled in writing, or the business is no longer active with the WorkSafeBC, whichever is earliest.

Signature (you — **not** your representative — must sign here)	Date (yyyy-mm-dd)
X	

Personal information on this form is collected under section 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose of the administration of the *Workers Compensation Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604.279.8171.