

Assessments Penalty Reconsideration Request

If you are requesting a review of a penalty applied by Prevention Services, or an Assessments penalty that was applied more than 75 days ago, please complete a [request for review](#) by the Review Division. Before filling out this form, please review [Assessment Policy 5-261-1](#) to see circumstances in which a penalty may be reviewed. Ensure your account is up to date with payroll reporting and remitting requirements before you submit this form.

You can print this form and complete it by hand, or you can complete it digitally. To complete this form digitally, you must use Adobe Acrobat. If you don't already have Acrobat on your computer, you can [download Adobe Acrobat Reader](#), a free app. **Please note the form's functionality will not work properly if the form is opened in an internet browser such as Microsoft Edge or Google Chrome.**

Open the form in Acrobat by going to your Downloads folder and right-clicking on the PDF file. Select Open with > Adobe Acrobat Reader. Type your information in the form, attach digital files as needed by clicking the **Attach** button, then click the button near the end to check that all your attachments appear in the Attachments panel.

1. Firm and contact information

Legal name of firm	Trade name (if different from legal name)	WorkSafeBC account number		
Business mailing address		City	Province	Postal code
Business phone number	Email address			
Contact person's name	Role	Phone number		

2. Details of employer assessment decision

Please include any documents that support your request for a review. [Attach]

Penalty amount	Date of penalty (yyyy-mm-dd) Note: If more than 75 days have elapsed from the date of penalty, please complete a request for review by the Review Division at worksafebc.com/review-appeal .
Reason for requesting a review (please be specific about your reason for requesting a review and the outcome you are seeking)	

3. Certification and permissions

☐ I certify that the information I have provided is, to the best of my knowledge, accurate and complete

If you are completing this form in Acrobat and have added attachments, click the Check attachments button to see an Attachments panel and verify your files are there. [Check attachments]

WorkSafeBC is committed to protecting privacy and personal information as defined by the *Freedom of Information and Protection of Privacy Act*. Please be aware that sending information by email means it could be either stored at or routed through locations outside of Canada, where different data security standards may apply. WorkSafeBC takes the required steps to protect the security of personal information by using encryption when we email you. Emails may not be protected by encryption once they are received by your email service.

By checking "Yes" below, you give WorkSafeBC permission to communicate with you by email. You can withdraw your permission in writing at any time.

I grant permission to WorkSafeBC to send me emails that may contain personal information

☐ Yes ☐ No

Name (please print or type)		Title or relationship to firm	Phone number
Date (yyyy-mm-dd)	Signature (If completing digitally, click below and follow the prompts to add your Digital ID in Acrobat. Do not use Fill & Sign to add your signature in Acrobat.)		

How to submit this form

The easiest way to submit this form is digitally. Save the completed form to your computer, create an email to AssessReqClassRev@worksafebc.com, attach the form, then click **Send**.

If you've printed the form and completed/signed it by hand, you can scan it and email it, or you can mail it to PO Box 5350 Stn Terminal, Vancouver, BC, V6B 5L5.

Are you ready to submit this form?

☐ Yes, I have completed all the necessary fields and signed this form.

WorkSafeBC collects information on this form for the purpose indicated on the form and in accordance with the *Freedom of Information and Protection of Privacy Act*. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email FIPP@worksafebc.com, or call 604.279.8171.