



Please complete this form if you wish to authorize WorkSafeBC, including the Review Division, and the Workers' Compensation Appeal Tribunal (WCAT) to give confidential information about you or your business to your representative. You are not required to have a representative for WorkSafeBC matters; however, if you want someone to act for you and speak with us on your behalf, please complete this form in full, sign it, and return it to us.

## 1. Information about you

Employer account number (if applicable)		WorkSafeBC claim number (if applicable)	
Inform WorkSafeBC or WCAT if your contact details change.			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last name	First name	Middle initial
Title and business name (if applicable)			
Mailing address		City	Province
Daytime phone number (include area code)		Other phone number (include area code)	Fax number (include area code)
I am <input type="checkbox"/> A worker <input type="checkbox"/> An employer <input type="checkbox"/> A deceased worker's dependant <input type="checkbox"/> 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)	
<input type="checkbox"/> All assessment matters, including the authority to settle such matters <input type="checkbox"/> All compensation claims matters, including section 249 transfers <input type="checkbox"/> All return-to-work matters <input type="checkbox"/> All relief of costs matters <input type="checkbox"/> All discriminatory action matters	<input type="checkbox"/> All certificate matters (e.g., first aid, blasting) <input type="checkbox"/> All occupational health and safety matters <input type="checkbox"/> Section 311 certificate matters, <b>or</b> <input type="checkbox"/> Only the following matters (provide claim number or other details)
This authorization refers to <input type="checkbox"/> All my claims <input type="checkbox"/> A single claim for claim number as noted above	

## 3. Your representative (you may appoint one person or an organization to represent you)

<input type="checkbox"/> One person — Name of person <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Relationship		
<input type="checkbox"/> An organization — Name of organization	Contact person <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		
Representative's mailing address	City	Province	Postal code
Daytime phone number (include area code)	Other phone number (include area code)	Fax number (include area code)	
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>If I cancel this authorization, I understand that I must notify WCAT and the WorkSafeBC department(s) handling my outstanding matters.</li> <li><b>For individuals:</b> 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.</li> <li><b>For employers:</b> 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 WorkSafeBC, whichever is earliest.</li> </ul>			

Signature (you — <b>not</b> your representative — must sign here) <b>X</b>	Date (yyyy-mm-dd)
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WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

