

Important: To apply for a stay you must return this completed form to WCAT no later than 7 days after the date WCAT receives your Notice of Appeal, or we will deny the stay application and process the appeal as usual. WCAT will not process your stay application if your appeal is late, or is missing important information.

A "stay" is when we order WorkSafeBC to delay its implementation of a decision (such as an order that you pay a penalty or other money) until we make a decision on the appeal. A stay is an extraordinary remedy.

WCAT will consider the following factors when determining whether to issue a stay:

- (a) whether the appeal, on its face, appears to have merit;
- (b) whether the applicant would likely suffer serious harm if the stay were not granted (e.g. loss of a business);
- (c) which party would likely suffer greater harm or prejudice from granting or denying a stay; and
- (d) in the context of occupational health and safety, whether granting a stay would likely endanger worker safety.

1. WorkSafeBC FILE INFORMATION		Identify the decision(s) you are appealing and applying to stay.	
Date of Decision (YYYY-MM-DD)	WorkSafeBC File/Firm #(s)	RFS # (if applicable)	
Employer/Firm Name	Administrative Penalty Order/Inspection Report Number(s) (if applicable)		
Review Division Reference #(s) (if applicable)	WorkSafeBC Discriminatory Action Reference Number(s) (if applicable)		
1) R	2) R		
Worker Last Name (if applicable)	Worker First Name (if applicable)	<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.	

2. INFORMATION ABOUT YOU (APPELLANT)			
Firm Name		Firm Number	
Contact name		Job Title	
Mailing Address	City/Town	Province	Postal Code
Telephone (Daytime) ()	Telephone (Other) ()	Fax Number ()	

3. EXPLAIN WHY WCAT SHOULD GRANT YOUR APPLICATION FOR A STAY
If sections A to D are not completed below, or in an attached submission, we will deny the stay. Please attach additional page(s) if necessary.
A. Explain briefly why your appeal should succeed:
B. Explain how you or your business would likely suffer serious harm if WCAT did not grant the stay (e.g. loss of a business). It is important that you attach documents, such as financial statements, to support your explanation:

Firm Name _____ WorkSafeBC File/Firm # _____

Administrative Penalty/Order/Inspection Report # (if applicable) _____

WorkSafeBC Discriminatory Action Reference Number(s) (if applicable) _____

C. Explain which party to the appeal would likely suffer more if the stay were granted or denied, and why:

D. Would a stay of the decision being appealed likely endanger worker safety? Please explain:

E. Any other factors that you believe support your application for a stay:

4. CERTIFICATION

I confirm the information on this form is correct and complete.

Signature of appellant or authorized representative X	Date Signed: (YYYY-MM-DD)
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This form must be signed by the appellant or an authorized representative. If signed by an authorized representative we need an authorization less than 2 years old signed by the appellant. An *Authorization of Representative* form can be found on our website (www.wcat.bc.ca).

That Authorization is enclosed. is on the WorkSafeBC file.

5. FORM CHECK-LIST

<input type="checkbox"/> Did you attach any additional documentary evidence discussed in section 3 above?
<input type="checkbox"/> Did you keep a copy of your fax confirmation sheet if you are faxing in this application?
<input type="checkbox"/> Did you sign and date this form in Box 4 above?
<input type="checkbox"/> Number of additional pages attached? ____ <input type="checkbox"/> Did you answer all of the questions? Call us if you need help filling out this form.

Personal information on this form is collected for the processing and adjudication of a WCAT matter under the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number on the top of this form.