

150 - 4600 Jacombs Road, Richmond, British Columbia, V6V 3B1
 Telephone: (604) 664-7800 Toll free: 1-800-663-2782
 Fax: (604) 664-7898 Website: www.wcat.bc.ca

Important: You must complete this form and return it to WCAT if you are filing an appeal more than 30 days after the date of the Review Division decision. You must also send in your completed *Notice of Appeal*. You can find the *Notice of Appeal* form on our website at (www.wcat.bc.ca) under the Forms tab, or call us and we will send you the form.

1. WorkSafeBC FILE INFORMATION				
Worker Last Name (if applicable)		Worker First Name (if applicable)		<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.
WorkSafeBC Claim Number(s) (if applicable)	Date of Review Division Decision(s) (YYYY-MM-DD)		Worker Customer Care # (if applicable)	
Review Division Reference #(s)				
1) R	2) R	3) R	4) R	5) R
WorkSafeBC File/Firm #(s) (if applicable)			Administrative Penalty Order/Inspection Report Number(s) (if applicable)	

2. INFORMATION ABOUT YOU (APPELLANT)		To keep your appeal active you must tell us about changes in this information.		
<input type="checkbox"/> I am the employer	<input type="checkbox"/> I am the worker	<input type="checkbox"/> I am the owner	<input type="checkbox"/> I am the dependant of a deceased worker	
<input type="checkbox"/> I am the union	<input type="checkbox"/> I am the supplier	<input type="checkbox"/> I am other: _____		
Name of your Organization (if applicable)		Job Title of Contact Person named below (if applicable)		

My Last Name		My First Name		<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.
Mailing Address				
City/Town		Province	Postal Code	
Telephone (Daytime) ()	Telephone (Other) ()	Fax Number ()		

3. EXPLAIN WHY YOU DID NOT APPEAL IN TIME	Please attach additional page(s) if necessary.
A. These are the special circumstance that prevented me from filing my notice of appeal during the 30 days after the date of the Review Division decision:	

B. If this appeal is not allowed to proceed, the following injustice would result:

Worker Last Name (if applicable) _____ WorkSafeBC Claim Number(s) (if applicable) _____

Employer/Firm Name (if applicable) _____ File/Firm #(s) (if applicable) _____

C. My appeal was further delayed beyond the 30 day time limit for appealing because:

4. PROVIDING FURTHER DOCUMENTARY EVIDENCE

If applicable, attach information that supports your explanation of why your appeal was late. Depending on the circumstances of your application, such further evidence might include such things as:

- postmarked envelope or facsimile (fax) confirmation sheet
- proof of travel documents
- doctor's note or report, or other evidence to prove you were unable to appeal because of medical reasons relating to you or a close family member
- signed statement from witness
- significant new evidence about the appeal that did not exist, or was unavailable, when the time to appeal expired

The following documents are attached:

5. CERTIFICATION

I confirm the information on this form is correct and complete. I will notify WCAT if I change my address or phone number.

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.

<input type="checkbox"/> Number of additional pages attached? ____
<input type="checkbox"/> Did you answer all questions? Call us if you need help filling out this form.
<input type="checkbox"/> Have you signed in Box 5 above?
<input type="checkbox"/> Did you attach any additional documentary evidence discussed in section 4 of the form? (Please note: Do not delay in filing this form if you do not have all of your evidence ready. You will have a further opportunity to provide written submissions and documentary evidence at a later date.)
<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 send in your completed <i>Notice of Appeal</i> (found at www.wcat.bc.ca or call us for one)?

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.