



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 AND AUTHORIZATION**

If you are filing your application by email ([appeals@wcat.bc.ca](mailto:appeals@wcat.bc.ca)), complete section a).  
If you are filing your application by facsimile or Canada Post, complete section b).

a) For submitting your application by email:

I, \_\_\_\_\_, understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the following:

I confirm the information on this form is correct and complete. I will notify WCAT if I change my address or phone number. I understand that WCAT must have my current address to keep my appeal active. I authorize my representative named above to act on my behalf in this appeal.

b) For submitting your application by facsimile or Canada Post: the form must be signed.

I confirm the information on this form is correct and complete. I will notify WCAT if I change my address or phone number. I understand that WCAT must have my current address to keep my appeal active. I authorize my representative named above to act on my behalf in this appeal.

Signature of Appellant or Authorized Representative:

Date Signed: (YYYY-MM-DD)

X

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](http://www.wcat.bc.ca)).

That Authorization  is enclosed.  is on the WorkSafeBC file.

**6. FORM CHECK-LIST**

Number of additional pages attached? \_\_\_\_

Did you answer all questions? Call us if you need help filling out this form.

Have you signed in Box 5 above?

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.)

Did you keep a copy of your fax confirmation sheet if you are faxing in this application?

Did you send in your completed *Notice of Appeal* (found at [www.wcat.bc.ca](http://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. Email is not a secure medium. Any message or attachment you send by email could be intercepted and read by someone else, and you accept the risk of access to personal information by unauthorized persons during transmission. WCAT accepts no responsibility for messages or attachments sent by email until they are received by WCAT. You are responsible for the security of information you are sending. You must assess its sensitivity and decide whether email is a secure enough method of communication.