



**Workers' Compensation
Appeal Tribunal**

**APPLICATION FOR A STAY:
Occupational Health & Safety,
Prohibited Action, and
Assessment Appeals**

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 Email Address for Filing Documents: appeals@wcat.bc.ca

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.

If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

1. WorkSafeBC FILE INFORMATION		Identify the decision(s) you are appealing and applying to stay.	
Date of Decision (YYYY-MM-DD)		WorkSafeBC File/Firm Number(s)	RFS Number (if applicable)
Employer/Firm Name			
Administrative Penalty Order/Inspection Report Number(s) (if applicable)		WorkSafeBC Prohibited Action Complaint No.(s) (if applicable)	
Review Division Reference Numbers(s) (if applicable):	1)	2)	3) 4)
Worker Last Name (if applicable)		Worker First Name (if applicable)	

2. INFORMATION ABOUT YOU (APPELLANT)	
Firm Name	WorkSafeBC Firm Number
Firm Contact Name	Job Title
Mailing Address	City/Town Province Postal Code
Telephone (Daytime) extension:	Telephone (Other) extension: 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:	
C. Explain which party to the appeal would likely suffer more if the stay were granted or denied, and why:	

Firm Name: _____

WorkSafeBC File/Firm No.: _____

Administrative Penalty/Order/
Inspection Report No. (if applicable): _____

WorkSafeBC Prohibited Action
Complaint No. (if applicable): _____

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 AND AUTHORIZATION If you are filing your application by email (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).
That Authorization is enclosed. is on the WorkSafeBC file.

5. FORM CHECK-LIST

- Did you attach any additional documentary evidence discussed in section 3 above?
- Did you keep a copy of your fax confirmation sheet if you are faxing in this application?
- Did you sign and date this form in Box 4 above?
- Number of additional pages attached? _____
- 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. 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.