

Application for a Stay

Revised June 2022

A "stay" is when WCAT orders 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. Visit WCAT.BC.CA > FORMS > APPLICATION - STAY to learn more about stays.
You must complete and submit this form no later than 7 days after the date WCAT receives your Notice of Appeal. If the application for a stay is received more than 7 days after the Notice of Appeal is received, WCAT will deny the stay and process the appeal as usual. WCAT will not process your stay application if your Notice of Appeal is late (more than 30 days after a Review Division decision or more than 90 days after a WorkSafeBC prohibited action decision), or if your stay application is missing important information.
When filling out this form, please print clearly using black or blue ink and mail it to the address above.

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|--|---------------|---|--|
| WorkSafeBC file information | | Help us identify the decision(s) that you are appealing and applying to stay | |
| What type of WorkSafeBC or Review Division decision makes an order you are applying to stay? | | <input type="checkbox"/> Occupational Health and Safety | <input type="checkbox"/> Prohibited Action |
| | | <input type="checkbox"/> Assessment | |
| WorkSafeBC employer account number | | Firm or business name | |
| WorkSafeBC or Review Reference number (e.g. 2019-D-999 or R0123456) | Decision date | Additional information (e.g. request for sanction (RFS) number, administrative penalty order, inspection report number) | |

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|-------------------------------|---|---|--|
| Tell us about yourself | | Please provide contact information as the employer contact. | |
| Last Name | First Name | Position/job title | |
| Your Pronouns | <input type="checkbox"/> They/Them | <input type="checkbox"/> She/Her | <input type="checkbox"/> He/Him |
| | <input type="checkbox"/> Pronouns not listed: _____ | Your pronouns and title will help us address you respectfully during the application process. | |
| Your Title | <input type="checkbox"/> Mx. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Mrs. |
| | <input type="checkbox"/> Mr. | <input type="checkbox"/> Dr. | <input type="checkbox"/> Title not listed: _____ |
| Mailing Address | City/Town | Province/State | Postal/ZIP Code |
| Country | Telephone (Daytime) | Telephone (Other) | Fax number |

| | |
|---|---|
| Explain why WCAT should grant your application for a stay | Please complete all the following sections. If any information is missing, WCAT will deny the stay. Attach additional pages if necessary. |
| Explain briefly why your appeal should succeed: | |
| Explain how you or your business would likely suffer serious harm if WCAT did not grant the stay (e.g. loss of a business): | |
| Explain which party to the appeal would likely suffer more if the stay were granted or denied, and why: | |
| Would a stay of the decision being appealed likely endanger worker safety? Please explain: | |
| List any other factors that you believe support your application for a stay: | |

CERTIFICATION AND AUTHORIZATION

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 at WCAT.BC.CA > FORMS

That authorization is enclosed is on the WCAT or WorkSafeBC file I do not have a representative

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.

Full name (please print)

Signature

Date Signed (YYYY-MM-DD)

X

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 at the top of this form. Unencrypted email is not a secure medium. Any message or attachment you send by unencrypted 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.