

**Authorize a Representative**

Revised March 2023

You are not required to have a representative for workers' compensation matters. However, if you want someone to act as your representative, this form authorizes the Workers' Compensation Appeal Tribunal (WCAT) and WorkSafeBC (the Workers' Compensation Board), including the Review Division, to give confidential information about you or your business to your representative.  
When filling out this form, please print clearly using black or blue ink and mail it to the address above.

**Appeal information**

Please give us information about the appeal you have started as an appellant or the appeal to which you have been invited to participate as a respondent.

WCAT Appeal number, if known (e.g. A2109999)	Review Division decision number, WorkSafeBC claim number, or WorkSafeBC Prohibited action number
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**Information about the participant**

To keep your appeal active or to continue participating in an appeal, you must tell us if this information changes.

<input type="checkbox"/> I am the worker <input type="checkbox"/> I am the dependant of a deceased worker <input type="checkbox"/> I am other: (please specify)				
<input type="checkbox"/> I am the employer (fill out this entire row)	Business/firm name	WorkSafeBC employer account number	Job title or position of employer contact	
Last Name		First Name		
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 appeal 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	Postal Code
Country	Telephone (Daytime)	Telephone (Other)	Fax Number	

**Representation**

You may appoint an organization (with or without a specific contact) or an individual (not affiliated with an organization) to represent you

<input type="checkbox"/> I have a professional representative	Name of Organization	<input type="checkbox"/> I have a friend/family member representing me	Relationship to Appellant (e.g. family member or friend)	
Representative's First Name		Representative's Last Name		
Representative's Pronouns <input type="checkbox"/> They /Them <input type="checkbox"/> She /Her <input type="checkbox"/> He/Him <input type="checkbox"/> I don't know <input type="checkbox"/> Pronouns not listed: _____			These pronouns and title will help us address your representative respectfully during the appeal process.	
Representative's Title <input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> I don't know <input type="checkbox"/> Title not listed: _____				
Representative's Mailing address		City/Town	Province/State	Postal/ZIP Code
Country	Telephone (Daytime)	Telephone (Other)	Fax Number	

**Scope of representation**

My representative will represent me with respect to the following workers' compensation matters, including any reviews or appeals that may arise. (Please check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> all compensation claim matters   | <input type="checkbox"/> all assessment matters, including authority to settle such matters | <input type="checkbox"/> all prohibited action matters   |
| <input type="checkbox"/> all relief of costs matters  | <input type="checkbox"/> all occupational health and safety matters                         | <input type="checkbox"/> section 311 certificate matters |
| <input type="checkbox"/> only the following matters (please provide claim number or other details): |   |  |

<b>Information from WCAT</b>	
<b>For compensation claim, assessment, occupational health and safety, and/or relief of costs matters</b>	
<p><b>To get appeal information by email:</b> Please sign up for WCAT Online Services (WCAT.BC.CA &gt; ONLINE SERVICES). If you have not previously signed up for WCAT Online Services, and you have not provided email consent on a previous WCAT appeal, we will send your appeal information to the mailing address you provide below.</p>	
Email address for disclosure	<p><b>To get disclosure:</b> WorkSafeBC will use this email address to send your representative disclosure, which is a copy of the claim file.</p>
Email address for appeal information	<p><b>WCAT Online Services is not currently available for Friend and Family Representatives.</b> Please provide an email address to receive appeal information by encrypted email.</p>
<b>For section 311 certificate matters</b>	
Email address for appeal information	<p>WCAT will use this email address to send you all application correspondence.</p>
<b>For prohibited action matters</b>	
Email address for appeal information	<p>WCAT will use this email address to send appeal information to your representative.</p>

<b>Certification and authorization</b>			
<p>I consent to WCAT or WorkSafeBC disclosing to my representative the contents of any WorkSafeBC file(s) or related information for which I am eligible to receive disclosure, and any other information related to this appeal. I authorize my representative to act on my behalf before WCAT and WorkSafeBC, including the Review Division, with respect to those files. This authorization form replaces any previous authorization(s) I have submitted to WCAT or WorkSafeBC for the same scope of representation identified in this form. If I cancel this authorization, I understand that I must notify WCAT and WorkSafeBC departments handling my outstanding matters.</p> <p><b>For workers:</b> This authorization shall remain in effect for two years from the date of signing, unless I cancel it in writing, or until my death, whichever is earlier.</p> <p><b>For employers:</b> This authorization shall remain in effect for two years from the date of signing, or until I cancel it in writing, or the business is no longer active with WorkSafeBC, whichever is earliest.</p> <p style="text-align: center;"><b>The participant, not a representative, must sign this form.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><b>Full name (please print)</b></td> <td style="width: 33%; border: none; text-align: center;"><b>Signature</b> <b>X</b></td> <td style="width: 33%; border: none; text-align: right;"><b>Date Signed (YYYY-MM-DD)</b></td> </tr> </table>	<b>Full name (please print)</b>	<b>Signature</b> <b>X</b>	<b>Date Signed (YYYY-MM-DD)</b>
<b>Full name (please print)</b>	<b>Signature</b> <b>X</b>	<b>Date Signed (YYYY-MM-DD)</b>	

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.