



WorkSafeBC File/Firm Number: \_\_\_\_\_

WCAT Appeal No. (s): \_\_\_\_\_

Last Name or Employer Firm Name: \_\_\_\_\_

<b>6. CERTIFICATION AND AUTHORIZATION</b>	<b>If you are filing your authorization by email (appeals@wcat.bc.ca), complete section a). If you are filing your authorization by facsimile or Canada Post, complete section b).</b>
<p><input checked="" type="checkbox"/> a) <b>For submitting your authorization by email:</b> I, _____, understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the following:</p> <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 section 4 of 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 individuals:</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shall remain in effect for two years from the date of signing, or until I cancel it in writing, or the business is no longer active with WorkSafeBC, whichever is earliest.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>b) <b>For submitting your authorization by facsimile or Canada Post: the form must be signed.</b> 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 section 4 of 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 individuals:</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><b>Signature (You, not your representative, must sign here)</b> <span style="float: right;"><b>Date Signed: (YYYY-MM-DD)</b></span></p> <p>X</p>	

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.