

Application for an Extension of Time to Appeal – Review Division Decision

Last revised June 2022

You must complete and submit this form if you have submitted your notice of appeal more than 30 days after the date of the Review Division decision.

When filling out this form, please print clearly using black or blue ink and mail it to the address above.

WorkSafeBC file information		Help us identify the decision(s) that you are appealing late.	
WCAT appeal number(s) (e.g. A2000999)		If you do not have a WCAT appeal number	
Review Division decision number(s) (e.g. R0123456)		In order to begin your appeal, you also need to fill in a notice of appeal form. Depending on the type of decision you are appealing, you will need either: <ul style="list-style-type: none"> • Notice of Appeal – Review Division compensation decision • Notice of Appeal – Review Division assessment or occupational health & safety decision Go to WCAT.BC.CA > FORMS to fill in a notice of appeal form.	
Review Division decision date (YYYY-MM-DD)			
WorkSafeBC claim number (for compensation decisions)	Any additional information (e.g. Request for Sanction (RFS) number, Administrative Penalty Order number or Inspection report number)		

Tell us about yourself

<input type="checkbox"/> I am the worker <input type="checkbox"/> I am the owner <input type="checkbox"/> I represent the union <input type="checkbox"/> I am an independent contractor <input type="checkbox"/> I am a supplier				
<input type="checkbox"/> I am the employer <input type="checkbox"/> I am the dependant of a deceased worker		If you selected employer or dependant of a deceased worker, what is the name of the worker?		
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: _____			
If you are the contact of a business/firm	Business/firm name	WorkSafeBC employer account number	Job title or position of business/firm contact	
Mailing Address		City/Town	Province/state	Postal/ZIP Code
Country		Telephone (Daytime)	Telephone (Other)	Fax number

Explain why you did not appeal in time

Attach an additional page(s) if necessary.

(i)	These are the special circumstances that prevented me from filing my notice of appeal during the 30 days after the Review Division decision.
(ii)	If this appeal is not allowed to proceed, the following injustice would result:
(iii)	My appeal was further delayed beyond the 30-day time limit for appealing because:

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WCAT Appeal or Review Reference number

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Providing supporting documentary evidence

If applicable, attach information to show why your notice of appeal was submitted late.

Depending on the circumstances of your application, supporting documents might include such things as:

- A postmarked envelope or facsimile (fax) confirmation sheet
- Documents proving you were travelling
- A 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
- A signed statement from a witness
- Significant new evidence about the appeal that did not exist, or was unavailable, when the time to appeal expired.

I have attached the following supporting documents to this application:

I will not be sending supporting documents to WCAT

Authorization and certification

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 WorkSafeBC or WCAT 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.