WORK SAFE BC

**Mail**
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1
**Fax**
604.233.9777, toll-free 1.888.922.8807
**Phone**
604.231.8888, toll-free 1.888.967.5377

# WorkSafeBC Authorization of Representative

Please complete this form if you wish to authorize WorkSafeBC, including the Review Division, and the Workers' Compensation Appeal Tribunal (WCAT) to give confidential information about you or your business to your representative. You are not required to have a representative for WorkSafeBC matters; however, if you want someone to act for you and speak with us on your behalf, please complete this form in full, sign it, and return it to us.

## 1. Information about you

Inform WorkSafeBC or WCAT if your contact details change.

| Employer account number (if applicable) | WorkSafeBC claim number (if applicable) |
|---|---|
| | |

| ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Ms. ☐ Miss | Last name | First name | Middle initial |
|---|---|---|---|
| | | | |

Title and business name (if applicable)

| Mailing address | City | Province | Postal code |
|---|---|---|---|
| | | | |

| Daytime phone number (include area code) | Other phone number (include area code) | Fax number (include area code) |
|---|---|---|
| | | |

I am

☑ A worker
☐ A deceased worker's dependant
☐ An employer
☐ Other (explain)

## 2. Scope of representation

My representative will represent me with respect to the following WorkSafeBC matters, including any reviews or appeals that may arise: (check all that apply)

☑ All assessment matters, including the authority to settle such matters
☑ All compensation claims matters, including section 10(8) transfers
☑ All return-to-work matters
☑ All relief of costs matters
☑ All discriminatory action matters
☑ All certificate matters (e.g., first aid, blasting)
☑ All occupational health and safety matters
☑ Section 257 certificate matters, **or**
☐ Only the following matters (provide claim number or other details)

This authorization refers to ☑ All my claims ☐ A single claim for claim number as noted above

## 3. Your representative (you may appoint one person or an organization to represent you)

My representative is:

☐ One person — Name of person ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr.

Relationship: UNION

☑ An organization — Name of organization: USW LOCAL 2009

Contact person ☑ Mr. ☐ Mrs. ☐ Dr. ☐ Ms. ☐ Miss: AL BIEKSA

| Representative's mailing address | City | Province | Postal code |
|---|---|---|---|
| 202-9292 - 200TH STREET | LANGLEY | BC | V1M 3A6 |

| Daytime phone number (include area code) | Other phone number (include area code) | Fax number (include area code) |
|---|---|---|
| 604-513-1850 | | 604-513-1851 |

- I consent to WorkSafeBC or WCAT disclosing to my representative the contents of any WorkSafeBC file(s) or related information for which I am eligible to receive disclosure. I authorize my representative to act on my behalf before WorkSafeBC, including the Review Division, or WCAT with respect to those files.
- This authorization form will replace any previous authorization(s) I have submitted to WCAT or WorkSafeBC for the same scope of representation identified in section 2 of this form.
- If I cancel this authorization, I understand that I must notify WCAT and the WorkSafeBC department(s) handling my outstanding matters.
- **For individuals**: 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 earliest.
- **For employers**: This authorization shall remain in effect for two years from the date of signing, or until it is cancelled in writing, or the business is no longer active with WorkSafeBC, whichever is earliest.

| Signature (you — **not** your representative — must sign here) | Date (yyyy-mm-dd) |
|---|---|
| **X** | |

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.