



Click on any field to start editing.

### Authorization Letter of Representation

I, \_\_\_\_\_  
(print name in full)

- authorize Mr.
- Ms.
- Mrs.

\_\_\_\_\_

(print name in full)  
\_\_\_\_\_

(phone number)

to represent \_\_\_\_\_ with regards to  
(print name of company in full)

the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(indicate specific issue or file)

In accordance with the provisions of Section 174(1), (2) and (3) of *The Workers' Compensation Act, 2013*, my representative will not use information contained in the noted files publicly or for any purpose other than reconsideration or review of a decision made pursuant to this Act or in pursuing a disputable issue with the Workers' Compensation Board.

This letter of representation will remain in full force and effect until such time as I notify the Workers' Compensation Board in writing that I no longer wish the individual named above to act as my representative.

Signed and witnessed at \_\_\_\_\_, in the Province of \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Firm Name and Number: \_\_\_\_\_  
(print in full)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Please print & sign form before mailing/faxing.

Witness\* \_\_\_\_\_  
(print name in full)

\_\_\_\_\_  
Please sign form before mailing/faxing.  
(Signature)

\* = Someone other than the person being designated as the representative

