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Authorization Letter of Representation

I, _____ (print name in full) _____ (WCB claim number)

authorize Mr. Ms. Mrs. _____ (print name in full)

Representative mailing Address: _____
_____ (please include: Street name, street number, city, province and postal code)

Phone: _____

to represent me in my dealings with the Workers' Compensation Board. I acknowledge and accept that this may involve access to and discussion of any of my claim records.

In accordance with the provisions of Section 173 (1), (2) and (3) of *The Workers' Compensation Act, 2013*, my representative will not use the 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____

Injured worker/Dependent spouse _____
(print in full)

Please print & sign form before mailing/faxing.

(signature)

Witness *

(print name in full)

Please print & sign form before mailing/faxing.

(signature)

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

