



Saskatchewan  
Workers'  
Compensation  
Board

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**WREP**

Click on any field to start editing.

## 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 Saskatchewan Workers' Compensation Board. I acknowledge and accept that this may involve access to and discussion of any of my claim records. This completed form cancels any previously authorized representatives.

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 Saskatchewan Workers' Compensation Board.

This letter of representation will remain in full force and effect until such time as I notify the Saskatchewan 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 name 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.

