



AUTHORIZATION FOR REPRESENTATION

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 393-6279, **Website:** www.wcb.yk.ca

<input type="checkbox"/>	Review by Hearing Officer: Claim number: _____
<input type="checkbox"/>	Assessment Appeal: Employer account number: _____
<input type="checkbox"/>	Occupational Health and Safety Appeal: Name of company: _____

REPRESENTATIVE INFORMATION

Name of Representative		
Firm or Organization		
Telephone	Fax	
Mailing Address		Postal Code

AUTHORIZATION

I _____, authorize the person named above to act on my
(please print your name)

behalf during proceedings before the Yukon Workers' Compensation Health and Safety Board (YWCHSB).

I understand that:

- the YWCHSB will direct relevant correspondence to my representative;
- my representative is entitled to information on my record and that this information may be used only for the purpose of the review or appeal (please complete the relevant Disclosure Form, available at the YWCHSB or by calling (867) 667-5645);
- Section 92(3) of the *Workers' Compensation Act* S.Y. 2008 prohibits the YWCHSB or the Appeal Panel from paying any legal costs or expenses that I or my representative may incur; and
- if I submit a subsequent authorization form for a different representative, the authorization for the current representative will be revoked.

Signature of party _____
Date

I accept my responsibilities as representative for the above party in this proceeding.

Signature of representative _____
Date

For further information about reviews or appeals, please contact the Appeals Assistant: YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.

Note: This information is being collected under the authority of the *Workers' Compensation Act* S.Y. 2008 or *Occupational Health and Safety Act* R.S.Y. 2002 solely for the purpose of your review or appeal. For further information about the collection of this information, please contact the Vice-President of Operations/CFO, YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.