



Workplace Safety and Insurance Appeals Tribunal
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Worker Authorization to Represent

TO: Workplace Safety and Insurance Appeals Tribunal

RE: WSIAT No.

WSIB Claim No.

I, _____ authorize
(Name of worker, survivor or worker's estate – please print)

_____ to represent me in this appeal.
(Name of representative – please print)

LSO Category of Representative (please choose one): Lawyer Paralegal Exempt

Name of Company, Association or
Organization of Representative: _____

Representative's Address: _____

Representative's
Telephone No.: _____

Representative's
Fax No.: _____

dd / mm / yyyy

Date

Signature (worker, survivor or worker's estate)

NOTICE: Information on this form is collected for the purpose of proceedings with respect to the *Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16, Schedule A*. In some cases, it may be necessary for the Tribunal to collect additional information related to the matter. All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997, sections 102, 123, 124, 129, 132 and 134*. Questions about the collection of information should be directed to the Privacy Coordinator, Workplace Safety and Insurance Appeals Tribunal, 505 University Ave., Toronto, Ontario M5G 2P2 (416) 314-8800.