



**Workplace Safety and Insurance Appeals Tribunal**  
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# Employer Authorization to Represent

**TO:** Workplace Safety and Insurance Appeals Tribunal

**RE:** WSIAT No.

WSIB Firm No.(s)

I, \_\_\_\_\_ authorize  
 (Name of employer)

\_\_\_\_\_ to represent me in this appeal.  
 (Name of representative)

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.: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ (Please type your first and last name)

Date \_\_\_\_\_ (dd/mm/yyyy)     *By checking this box, I understand and agree that my typewritten name and date represent my legal signature*

**Notice:** Information on this form is collected to be utilized in proceedings before the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997*, S.O. 1997, c. 16, as amended and will be included in the WSIAT file and provided to the WSIB when the file is returned to the WSIB. This information will only be utilized for workplace safety and insurance purposes. Questions about the collection of information should be directed to the Records Management Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 416-314-1787 (TTY).