Saskatchewan Workers' Compensation Board
200 - 1881 Scarth Street
Regina SK S4P 4L1
www.wcbsask.com
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Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773

Click on any field to start editing.

EREP
Reset Form

Authorization
Letter of Representation

I, _____
(print name in full)

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 _____ with regards to
(print name of company in full)

the following:

_____

_____

_____
(indicate specific issue or file)

In accordance with the provisions of Section 174(1), (2) and (3) of *The Workers' Compensation Act, 2013*, my representative will not use 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 ___.

Firm name and number: _____
(print in full)

Title: _____

Signature: Please print & sign form before mailing/faxing. _____

Witness* _____
(print name in full)

Please sign form before mailing/faxing. _____
(Signature)

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

When writing to the WCB, please print name and claim or firm number.

MISSION: ZERO