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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 Workers' Compensation Board. I acknowledge and accept that this may involve access to and discussion of any of my claim records.

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_____

Injured worker/Dependent spouse _____
(print 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

