WCAT Workers' Compensation Appeal Tribunal

Application for a Stay

Revised November 2024

we make a decis You must comp stay is received process your sta Work SafeBC pro	sion on the appe plete and submitt more than 7 days a	al. Visit WC his form n after the No ur Notice of ecision), o	CAT.B b late tice of Appea r if yo	C CA > FC rthan 7 da Appealis alis late (m our stay ap	DRMS >APPLI ays after the d received, WCA nore than 30 d oplication is m	CATIO ate WC AT will o ays af nissing	N - STAY CAT rece deny the s ter a Rev i importa	Y to learn mo ives your N stay and proo iew Divisior nt informatio	ore about otice of A cessthe ap decision on.	stays ppea opeal	I I. If t as u	or other money) until he application for a sual. WCAT will not than 90 days after a
WorkSafeBC file information			Help us identify the decision(s) that you are appealing and applying to stay									
What type of WorkSafeBC or Review Division decision makes an order you are applying to sta				AV? □ Occupational Health and Safety □ Prohibited Action □ Assessment								
	oloyer account num					Firm o	r business	s name				
WorkSafeBC or Review Reference number (e.g. 2019-D-999 or R0123456)				Decision date			Additional information (e.g. request for sanction (RFS) number, administrative penalty order, inspection report number)					
Tell us about yourself Please provide contact information as the employer contact.												
Last Name	_ast Name				First Name			Position/job title				
Your Pronouns	They/Them	☐ She	/Her	٦H	He/Him	🗌 Pr	onounsno	help us address you				
Your Title	□ Mx.	🗌 Ms.	[Mrs.	☐ Mr.		Dr.	□ Titl	le not listed	1:		ectfully during the lication process.
Mailing Address					City/Town				Province/	State		Postal/ZIP Code
Country			Telephone (Daytime)				Telephone (Other)			Fax number		
Explain why WCAT should grant your application for a stay our stay. If any information WCAT needs to decide whether to grant additional pages if necessary.												
Explain briefly why your appeal should succeed:												
Explain how you or your business would likely suffer serious harm if WCAT did not grant the stay (e.g. loss of a business):												
Explain which party to the appeal would likely suffer more if the stay were granted or denied, and why:												
Would a stay of the decision being appealed likely endanger worker safety? Please explain:												
List any other fac	tors that you believ	ve support y	our ap	plication fo	or a stay:							

CERTIFICATION	AND AUTHORIZATIC	ON							
This form must be signed by the appellant or an authorized representative . If signed by an authorized representative we need an authorization less than 2 years old signed by the appellant. An <i>Authorization of Representative</i> form can be found at WCAT.BC.CA > FORMS									
That authorization	\Box is enclosed	\Box is on the WCAT or WorkSafeBC file	☐ I do not have a representative						
I confirm the information on this form is correct and complete. I will notify WCAT if I change my address or phone number. I understand that WCAT must have my current address to keep my appeal active.									
Full name (please pri	nt)	Signature X	Date Signed (YYYY-MM-DD)						

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