

Application for an Extension of Time to Appeal – WorkSafeBC decision

Revised June 2022

**You must complete and submit this form if you have submitted your notice of appeal more than 90 days after the date of the WorkSafeBC decision.**

When filling out this form, please print clearly using black or blue ink and mail it to the address above.

<b>WorkSafeBC file information</b>		Help us identify the decision(s) that you are appealing late.		
WCAT appeal number(s) (e.g. A2000999)		<b>If you do not have a WCAT appeal number</b>  In order to begin your appeal, you also need to fill in a notice of appeal form. Depending on the type of decision you are appealing, you will need either: <ul style="list-style-type: none"> <li>• Notice of Appeal – WorkSafeBC prohibited action decision</li> <li>• Notice of Appeal – WorkSafeBC decision to reopen a matter</li> </ul> Go to <a href="http://WCAT.BC.CA">WCAT.BC.CA</a> > FORMS to fill in a notice of appeal form.		
Prohibited action number (e.g. 2019D999)	<b>Or</b>			WorkSafeBC claim number
Prohibited action decision date (YYYY-MM-DD)				WorkSafeBC claim reopening decision date (YYYY-MM-DD)
Any additional information (e.g. Request for Sanction (RFS) number, Administrative Penalty Order number or Inspection report number)				

**Tell us about yourself**

<input type="checkbox"/> I am the worker <input type="checkbox"/> I am the owner <input type="checkbox"/> I represent the union <input type="checkbox"/> I am an independent contractor <input type="checkbox"/> I am a supplier			
<input type="checkbox"/> I am the employer <input type="checkbox"/> I am the dependant of a deceased worker		If you selected employer or dependant of a deceased worker, what is the name of the worker?	
Last Name		First Name	
Your Pronouns <input type="checkbox"/> They/Them <input type="checkbox"/> She /Her <input type="checkbox"/> He /Him <input type="checkbox"/> Pronouns not listed: _____			Your pronouns and title will help us address you respectfully during the appeal process.
Your Title <input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Title not listed:::			
If you are the contact of a business/firm:	Business/firm name	WorksafeBC employer account number	Job title or position
Mailing Address		City/Town	Province/State    Postal/ZIP Code
Country		Telephone (Daytime)	Telephone (Other)    Fax number

**Explain why you did not appeal in time**

Attach an additional page(s) if necessary.

(i)	These are the special circumstances that prevented me from filing my notice of appeal during the 90 days after the WorkSafeBC decision.
(ii)	If this appeal is not allowed to proceed, the following injustice would result:
(iii)	My appeal was further delayed beyond the 90-day time limit for appealing because:

**Providing supporting documentary evidence** If applicable, attach information to show why your notice of appeal was submitted late.

Depending on the circumstances of your application, supporting documents might include such things as:

- A postmarked envelope or facsimile (fax) confirmation sheet
- Documents proving you were travelling
- A doctor's note or report, or other evidence to prove you were unable to appeal because of medical reasons relating to you or a close family member
- A signed statement from a witness
- Significant new evidence about the appeal that did not exist, or was unavailable, when the time to appeal expired.

I have attached the following supporting documents to this application:

I will not be sending supporting documents to WCAT

**Authorization and certification**

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 *Authorization of Representative* form can be found at [WCAT.BC.CA](http://WCAT.BC.CA) > FORMS.

**That authorization**  is enclosed  is on the WorkSafeBC or WCAT 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 print)**

**Signature**

**Date Signed (YYYY-MM-DD)**

X

Personal information on this form is collected for the processing and adjudication of a WCAT matter under the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number at the top of this form. Unencrypted email is not a secure medium. Any message or attachment you send by unencrypted email could be intercepted and read by someone else, and you accept the risk of access to personal information by unauthorized persons during transmission. WCAT accepts no responsibility for messages or attachments sent by email until they are received by WCAT. You are responsible for the security of information you are sending. You must assess its sensitivity and decide whether email is a secure enough method of communication.