

Notice of Representation



FOR ALBERTA WORKERS' COMPENSATION

Section 1: Worker Information

WCB Claim Number		Date of Birth (yyyy-mmm-dd)		
Last Name		Given Name(s)		
Street		Apartment, Suite, Unit # or PO Box #		
City/Town		Province	Postal Code	
Home Phone	Work Phone	Cell Phone	Fax Number	Messages Only

Section 2: Representative Information

I authorize (check only one box) A person to act on my behalf A company to act on my behalf

Full Name of Person or Company

Street Apartment, Suite, Unit #
or PO Box #

City/Town Province Postal Code

Home Phone Work Phone Cell Phone Fax Number Messages Only

Section 3: What this representation applies to

The above-named representative is authorized to represent me:

With respect to all past and present claims

With respect to claim file(s), Claim number:

Section 4: Signature & Acknowledgement of the Worker's Representative

I, the undersigned, acknowledge that I understand my responsibilities in relation to appointing a representative.

Printed Name

Date (yyyy-mmm-dd)

Worker's Signature