

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