



**Send the completed & signed form to:**  
 Workplace Safety & Insurance Board  
 200 Front Street West,  
 Toronto, Ontario M5V 3J1

**OR fax to:**  
 416-344-4684  
 1-888-313-7373

**Employer's Direction  
 of Authorization**

For this form to be valid, it must be **completed in full** (Parts A through E) and **signed** by an Authorized Officer of the company. An authorization is needed for each account number. **Before completing, be sure to read the information on page 2.**

*When submitting by fax, please **transmit** using **only an original form.***

<b>Part A - Employer Information</b>			
Legal Name of Company	Account No.	Firm No. (optional)	
Address			
City/Town	Postal Code	Telephone	Fax (if available)

<b>Part B - Representative Information</b>			
* Name of Person to be Authorized			LSUC or Application ID No.
I am exempt from paralegal licensing requirement (Please check the exemption that applies to you): <input type="checkbox"/> In-house legal services provider or paralegal <input type="checkbox"/> Office of the Employer Adviser <input type="checkbox"/> Articling Student <input type="checkbox"/> Student legal aid services societies <input type="checkbox"/> Constituency assistants <input type="checkbox"/> Legal clinics <input type="checkbox"/> Other profession or occupation (please specify): _____			
<b>If you are unsure about your exemption status, please contact the Law Society of Upper Canada.</b>			
Address			
City/Town	Postal Code	Telephone	Fax (if available)

\* This indicates who will have authorization as set out on this form. If you identify an individual, only that person will have authorization. After October 31, 2007, the WSIB will only accept representatives who have applied for licensing by the Law Society of Upper Canada and whose names are included on the Paralegal Candidate Directory, or those who are exempt from the licensing requirement. For further information, please consult the Law Society's website at [www.lsuc.ca](http://www.lsuc.ca). After October 31, 2007, the WSIB will require all representatives to provide information about their licensing status in order to represent parties before the Board.

<b>Part C - Identify the Type of Authorization That You Want the Representative to Have</b>	
The representative named above is authorized to represent the employer and access <b>all</b> of the WSIB <b>information</b> that the employer would normally have access to, otherwise list any <b>restrictions</b> to the authorization here:	
If you are authorizing a representative for more than one WSIB employer account, you may: (i) complete a separate form for each account <b>OR</b> (ii) list the additional account numbers and names in the space provided <b>OR</b> _____ (iii) reference a separate list in the space provided.      _____	
The legal name for each account must be provided. Additional pages attached to this document must also be signed by the Authorized Officer.	

<b>Part D - Validity Period</b>	
In this box, indicate the expiry date of this authorization to a <b>maximum of 2 years</b> from the <i>Effective Date of Authorization</i> :	
<b>Authorization Expiry Date</b>	_____
If no expiry date is provided, then the default validity period will be 6 months from the <i>Effective Date of Authorization</i> , indicated at the bottom of this page.	

<b>Part E - Approval by Authorized Officer of the Company</b>	
The undersigned confirms that he or she is an Authorized Officer of the company, as set out in the WSIB's Policy 21-01-02 <i>Authorization of Employer Representatives Regarding Employer Information</i> and is in a position to commit the organization on a corporate level or <b>normally has access to and control of the information to be released</b> (see page 2).	
By signing below on behalf of the employer/company named in <i>PART A</i> , I authorize the person or company named in <i>PART B</i> , as indicated above on this <i>Employer's Direction of Authorization</i> .	
Name (print)	Signature
Title (print)	Date (mm/dd/yyyy)

**Cancelling or changing an authorization**

It is the responsibility of the employer to ensure that authorization is properly managed. As such, amendment, rescindment or cancellation of any authorization is the responsibility of the employer.

The authorization expires automatically after the period of time that you have indicated in *Part D – Validity Period*, on the front (to a maximum of 2 years) or after 6 months from the date on the authorization if no expiry date is indicated.

To **change** an authorization, a new *Employer's Direction of Authorization* form must be completed.

To **cancel** an authorization at any time, telephone the Workplace Safety & Insurance Board (WSIB) at 1-800-387-0750 with your request or FAX a request to 416-344-4684 or 1-888-313-7373. A letter confirming the cancellation will be sent to you and a copy will be sent to the representative.

**Authorized officers**

Refer to policy 21-01-02 *Authorization of Employer Representatives Regarding Employer Information* for additional information, which includes the definition of an authorized officer of the company as follows:

An authorized officer is defined as an individual within the company who is in a position to commit the organization on a corporate level, or who would normally have access to, and control of, the information to be released. Examples of such individuals are sole proprietors, partners, presidents, vice-presidents, general managers, chief financial officers, controllers, directors of finance, safety officers, and individuals in other positions in which access to confidential employer information is typical.

Spouses, same-sex partners (in decisions made on or after March 1, 2000), or family members are not entitled to access, or to authorize the release of, confidential information unless the person in question is an owner, partner, executive officer, or authorized officer of the company, or an authorized representative of the company.

**Ongoing issues under appeal**

For issues under appeal, authorization is extended until the WSIB makes a final decision on the appeal (at which time the authorization is automatically terminated for that representative if the authorization has expired) or until the employer rescinds the authorization of the representative, whichever comes first. The issue under appeal must be identified to the WSIB.\* Access to information is issued to the representative provided that the request relates to the issue under appeal.

\* in most cases the original decision maker.

**Representation & access to claim/worker information**

In addition to policies 21-01-01 *Access to Employer Information* and 21-01-02 *Authorization of Employer Representatives Regarding Employer Information*, claim-related policies regarding worker information also apply, including policy 21-02-04, *Disclosure of Claim File Information to Worker or Employer Representatives*, which requires that a copy of the authorization must be provided for each claim file to which access is requested.

**Additional Information**

If additional space is needed for information (for example, in *PART C*), please add a note on page 1 to indicate that there are additional pages and attach them to this form.

When submitting by fax, please transmit using only original documents.

This is not a request form. It is used solely to provide authorization for employer representation and access to employer-related information.

If you need more information, contact the WSIB at 1-800-387-0750 or by fax at 416-344-4684 or 1-888-313-7373.

**To avoid delays, please complete in full, and print in black ink.**

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