

REQUEST FOR TRANSCRIPT FORM

APPLICANT INFORMATION			
Name of Applicant (or Representative) _____		Phone No. () _____	
Mailing Address _____			
Street Address	City	Province	Postal Code

APPELLANT INFORMATION	
Name of Appellant _____	Claim No. _____
Name of Respondent _____	Hearing Date _____

TRANSCRIPTION COMPANY INFORMATION			
Name of Transcription Company <i>(must have the ability to transcribe from FTR audio recordings)</i> _____	Phone No. () _____		
Contact Person _____	Fax No. () _____		
Address _____			
Street Address	City	Province	Postal Code

Transcripts are produced verbatim. No omissions are allowed.

ADDITIONAL COMMENTS

(See other side)

I hereby give permission to the transcription service identified above to produce and deliver a copy of the completed transcript to the Appeals Commission at my expense. I also acknowledge and agree that the Appeals Commission has the discretion to share this transcript, or any portion thereof, with any internal or external stakeholders.

Signature

Date

PRINT NAME OF PERSON SIGNING _____

Return this form to:

Mailing Address – Edmonton:

Appeals Commission for Alberta Workers'
Compensation
901, 10109 - 106 Street
Edmonton AB T5J 3L7

Fax # (780) 412-8701

Mailing Address – Calgary:

Appeals Commission for Alberta Worker's
Compensation
206, 1701 Centre Street North
Calgary AB T2E 7Y2

Fax # (403) 508-8822

Contact the Appeals Commission

For more information, contact the Appeals Commission for Workers' Compensation

- by calling our office in:
 - Edmonton (780) 412-8700
 - Calgary (403) 508-8800
- by picking up information from our office in Edmonton at:
901, 10109 – 106 Street
Edmonton, AB T5J 3L7
- by picking up information from our office in Calgary at:
206, 1701 Centre Street North
Calgary, AB T2E 7Y2
- through our website at www.appealscommission.ab.ca