

Application for Extension of Time

See Practice Guideline #4 – Extending Time to Appeal for information that will help you complete this form

Section 1: Applicant contact information					
I am a: □ Worker □ Employer					
Last Name and/or Company Name			Given Name(s)		
Street		Apartment, Suite, Unit Number or PO Box #			
City/Town		Province Postal Code		Code	
Home Phone	Work Phone	Cell Phone	Fax Number	Alternate Phone	
Email Address					
If the contact information changes, you must update the Appeals Commission immediately.					
Section 2: Representation					
☐ I Have a Representative		☐ I Plan to Get a Representative ☐ I Will Represent Myself			
If you have a representative, you must submit a separate <i>Notice of Representation</i> form at the same time you submit this form. If you plan to get a representative, you must submit the <i>Notice of Representation</i> once you have a representative. This gives us the authorization to work with your representative.					
Section 3: Application for extension of time					
I am applying to extend the time period for filing an appeal to the Appeals Commission from the following Dispute Resolution and Review Body (DRDRB) decision(s):					
Claim/Acc	ount #	Date of Decision (DD/MM/YYYY)	Attach a cop	by of the decision	
				ppy Attached	
				opy Attached	

Section 4: Reasons for the application

Please explain below why you did not file the appeal within the deadline.

Section 5: Signature				
Signature	Date (DD/MM/YYYY)			
Print the name of the person signing				

A representative may only sign this form if they are authorized as a representative in this appeal. You must submit a separate *Notice of Representation* to authorize a representative.

You can file this form by:

- submitting it online through our website;
- e-mail addressed to AC.AppealsCommission@gov.ab.ca;
- mail;
- fax; or
- courier or personal delivery to one of our two offices.

Alberta 1

Edmonton

Appeals Commission for Alberta Workers' Compensation 1100,10405 Jasper Avenue Edmonton AB T5J 3N4

Tel: 780-412-8700 Fax: 780-412-8701

Calgary

Appeals Commission for Alberta Workers' Compensation 2300, 801 – 6th Avenue SW

Calgary AB T2P 3W2 Tel: 403-508-8800 Fax: 403-508-8822

You can view our web site at: www.appealscommission.ab.ca

Collection, Use and Disclosure of Personal Information:

- The personal information that you are being asked to provide is collected under the authority of section 33(c), and managed in accordance with the *Freedom of Information and Protection of Privacy Act*.
- The information will be used for the purpose of processing your request for a hearing with the Appeals Commission for Alberta Workers' Compensation.
- It is important that every party to the appeal knows the case that is to be heard and has an opportunity to respond.
- Because of this, we share all documents related to the appeal with all other parties to the appeal and the Workers' Compensation Board.
- The information you provide may also be used for quality assurance and training purposes.
- If you have any questions regarding the collection, use or disclosure of your personal information, please contact the Appeals Commission.



