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 BUSINESS DEVELOPMENT CENTRE
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OR fax to:
 (416) 663 - 6189

Employer's Direction of Authorization - Firm File Access

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.

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

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

Part B - Representative Information			
* 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): _____			
If you are unsure about your exemption status, please contact the Law Society of Upper Canada.			
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. 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.

Part C - Identify the Type of Authorization That You Want the Representative to Have	
The representative named above is authorized to represent the employer and access all of the WSIB information that the employer would normally have access to, otherwise list any restrictions 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 OR (ii) list the additional account numbers and names in the space provided OR _____ (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.	

Part D - Validity Period	
In this box, indicate the expiry date of this authorization to a maximum of 2 years from the <i>Effective Date of Authorization</i> :	
Authorization Expiry Date	_____
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.	

Part E - Approval by Authorized Officer of the Company	
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 normally has access to and control of the information to be released (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/yy)