



## EXTENSION OF TIME APPLICATION

<b>WHSCC CLAIM NO./FIRM NO.</b>	<b>WHSCC DECISION DATE</b>	<b>WHSCRD CASE NO.</b>
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**1. CONTACT INFORMATION:**

NAME	COMPANY NAME (if Applicable)			
ADDRESS				
CITY/TOWN	PROV.	POSTAL CODE	TEL.	FAX.

**2. THIS EXTENSION OF TIME IS REQUIRED FOR THE FOLLOWING REASONS: (Please provide full details).**


**3. EXTENSION OF TIME REQUEST:**

<p>As I have exceeded the 30 days provided to file a Request for Review pursuant to S. 28(1) of the <i>Workplace Health, Safety &amp; Compensation Act</i> (the <i>Act</i>), I hereby apply to the Chief Review Commissioner for an Extension of Time in accordance with S.28(1) of the <i>Act</i> to file a Request for Review.</p>	
<p><b>Signature:</b> _____</p>	<p><b>Date:</b> _____</p>

**Personal information on this form is collected for the WHSCRD processing of a Request for Review application under the *Workplace Health, Safety and Compensation Act* and the *Access to Information and the Protection of Privacy Act*.**

**For further information, please contact WHSCRD at the address or telephone numbers listed above.**