



1. Person applying for reconsideration:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

2. The tribunal decision you want reconsidered: BC EST # D \_\_\_\_\_ dated \_\_\_\_\_

3. State your reasons for applying for reconsideration:

- **Please provide your detailed explanation on a separate sheet of paper**
- Attach any other documents or information that supports your application  
**The Tribunal may require you to provide multiple copies of your reconsideration application submission if it is longer than 50 pages.** (See Rule 6(1)(e) of the Tribunal's Rules of Practice and Procedure (the "Rules")

4. If you are filing an application for reconsideration more than 30 days after the date of the Tribunal's Decision, you must provide written reasons for the delay. (See Rule 22(3) and (4) of the Tribunal's Rules)

- **Please provide your detailed reasons for the delay on a separate sheet of paper**

5. Check List.

- Attach any documents or information that supports your application and your detailed submission on why your application should be allowed.
- Sign and date this Reconsideration Application Form.
- Submit all your documents to the Tribunal.**  
(by mail to Suite 650, 1066 West Hastings Street, Vancouver, BC V6E 3X1, or by email to registrar.est@bcest.bc.ca or by fax to 604-775-3372)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_