

**BEFORE YOU BEGIN**

Review the **Contact Information Form Guide [2026-07-01]** before completing this Form.

The Freedom of Information and Protection of Privacy Act applies to the Employment Standards Tribunal. The Tribunal collects personal information to process appeals and reconsideration applications under the Employment Standards Act and the Temporary Foreign Worker Protection Act. The Tribunal's Privacy Policy can be found on its website: [www.bcest.bc.ca](http://www.bcest.bc.ca).

**DEEMED SERVICE**

The Tribunal may send communications to the email address, fax number, or mailing address provided by the appellant/applicant or their representative. Communications sent to any of those addresses are deemed to have been served on the appellant/applicant or their representative. The appellant/applicant or their representative must notify the Tribunal in writing of any change to their contact information as soon as possible.

**WHAT IF I NEED ASSISTANCE COMPLETING THIS FORM?**

For help completing this form, contact the Tribunal by telephone at 604-775-3512 or by email at [registrar@bcest.bc.ca](mailto:registrar@bcest.bc.ca).

**Part A: Appellant / Applicant Information****1. Appellant / Applicant Name**

(The name should be the same as the answer entered at Question 1 on the applicable Appeal Form or Reconsideration Application Form.)

- The appeal / reconsideration application is being filed **by a business** (e.g., corporation, organization) **or by a sole proprietor** named in the Determination / Tribunal decision.

\_\_\_\_\_  
Name (business, organization, sole proprietor)

- The appeal / reconsideration application is being filed by a **Director/Officer who has been found personally liable** for the amounts found owing in the Determination and has been served with the Determination / Tribunal decision.

\_\_\_\_\_  
Person First Name

\_\_\_\_\_  
Person Last Name

Title / Pronoun for these proceedings:  Mr. / He

Ms. / She

Mx. / They

Other: \_\_\_\_\_

- The appeal / reconsideration application is being filed **by a complainant** (employee), served with the Determination / Tribunal decision.

\_\_\_\_\_  
Person First Name

\_\_\_\_\_  
Person Last Name

Title / Pronoun for these proceedings:  Mr. / He

Ms. / She

Mx. / They

Other: \_\_\_\_\_

## 2. Appellant / Applicant contact information and address for delivery

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Cellular

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Mailing address (Line 1)

\_\_\_\_\_  
Mailing address (Line 2)

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal Code

## Part B: Representative Information

**Important:** If the appellant / applicant is a **business**, the Tribunal requires written authorization of representation and contact information for the **individual** who will communicate with the Tribunal during the appeal / application process.

### 3. Who will represent the appellant / applicant and communicate with the Tribunal about the appeal / reconsideration application?

The appellant / applicant will be self-represented (If you select this option, no further information is required in this section. You may proceed to Part C.)

A lawyer

A legal advocate (example: a person who works for a law clinic)

A representative (example: manager, accountant)

Other (example: a friend, family member) \_\_\_\_\_

**4. Name of representative who will communicate with the Tribunal, if the appellant / applicant is not self-represented**

\_\_\_\_\_  
Person First Name

\_\_\_\_\_  
Person Last Name

\_\_\_\_\_  
Organization name, if applicable: (example: law firm name)

Title / Pronoun for these proceedings:

Mr. / He

Ms. / She

Mx. / They

Other: \_\_\_\_\_

**5. Representative's contact information and address for delivery**

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Cellular

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Mailing address (Line 1)

\_\_\_\_\_  
Mailing address (Line 2)

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal Code

**6. Authorization of representation**

Not applicable. As indicated at question 3, the appellant / applicant is self-represented.

As indicated at question 3, the appellant / applicant has a representative and a signed authorization of representation is included in the appeal materials / reconsideration application materials.

**Part C: Appellant / Applicant Demographic Information (Optional)**

**This section is voluntary. You can complete all, some, or none. Check all that apply.**

The Tribunal wants to ensure that everyone can access and use its process. We will use this information to help us evaluate how the process works for different groups. Should you choose to provide it, your demographic information is confidential. We do not give it to the respondent(s) or to the Director of Employment Standards. We may share statistics or “aggregated data” with the public.

**Indigenous Identity**

- First Nations
- Métis
- Inuit
- Indigenous
- Other: \_\_\_\_\_

**Racial Identity**

- Indigenous
- Black
- East Asian
- South Asian
- Latinx
- Middle Eastern
- White
- Mixed Race
- Other: \_\_\_\_\_

**Primary Language**

- English
- French
- ASL
- Chinese Traditional
- Chinese Simplified
- Punjabi
- Tagalog
- Farsi
- Korean
- Other: \_\_\_\_\_