

## EXTENSION OF TIME APPLICATION

WorkplaceNL CLAIM NO./FIRM NO.	WorkplaceNL DECISION DATE	Office Use Only WCIRB CASE NO.
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### 1. CONTACT INFORMATION:

NAME		COMPANY NAME (if Applicable)			
ADDRESS			EMAIL		
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:

As I have exceeded the 30 days provided to file a Request for Review pursuant to S. 39 of the <b>Workplace Health, Safety and Compensation Act, 2022</b> (the <b>Act</b> ), I hereby apply to the Chief Review Commissioner for an Extension of Time in accordance with S.39 of the <b>Act</b> to file a Request for Review.	
Signature: _____	Date: _____

Personal information on this form is collected for the WCIRB processing of a Request for Review application and subsequent hearing under the Workplace Health, Safety and Compensation Act, 2022 the Access to Information and the Protection of Privacy Act, 2015. For further information, please contact WCIRB at the address or telephone numbers listed above.

*Revised Form February 2025*