



Civil Resolution Tribunal

Representative Request



This form is to ask the CRT's permission to have someone speak on your behalf.

Instructions

1. Complete this form. You can fill it out on your computer, tablet or device using Adobe Acrobat (<https://get.adobe.com/reader/>). This will allow you to make and save changes easily, and email the application without having to scan it.
2. There is no fee for submitting this form.
3. Submit your form by email, mail or fax. Or include it with other forms in your submission.

Where to Send Your Form (email recommended)

Email: RSC@crtbc.ca
Fax: 1-250-356-6552

Mail: PO Box 9239 Stn Prov Govt
Victoria BC V8W 9J1

Personal Information and Privacy: Your personal information is collected for the purpose of a Civil Resolution Tribunal dispute resolution process, pursuant to the Civil Resolution Tribunal Act and the CRT's Rules. You can view the CRT's policy on access to records and information in CRT disputes at <https://civilresolutionbc.ca/resources/information-access-privacy-policy/>.

If you have any questions regarding the collection of your personal information, please contact us.

Email: info@crtbc.ca

Mail: ATTN Registrar and Executive Director
Civil Resolution Tribunal
PO Box 9239, Stn Prov Govt
Victoria BC V8W 9J1

Your Information			
Your First Name	Your Last Name	CRT Dispute Number	
Organization Name (if you're a business, society, strata, or other type of organization)			
Address (Street or PO Box)			Unit (optional)
City	Province/State	Postal/Zip Code	Country
Daytime Phone		Email	
Reason for requesting a representative:			
Is this dispute about an injury from a motor vehicle accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Representative Information			
Representative First Name		Representative Last Name	
Address (Street or PO Box)			Unit (optional)
City	Province/State	Postal/Zip Code	Country
Daytime Phone		Email	
Are they a lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are they an authorized employee of the party's insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No			