



Civil Resolution Tribunal

Representative Request Form



This form is to ask the CRT's permission to have someone represent you.

Save time and submit your representative request online by logging into your account at <https://civilresolutionbc.ca>

A representative is a person who is allowed to speak on your behalf at the CRT. For example:

- Discuss your dispute with CRT staff.
- Speak for you during a tribunal hearing.
- Make agreements on your behalf. You'll have to follow whatever your representative agrees to.

Instructions

- There is no fee for submitting this form.
- Send this form to the CRT by email, mail, or fax. Or include it with other forms you send us.

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

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

Personal Information and Privacy Notice

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. See our policy on [access to records](#) and information in CRT disputes. If you have any questions regarding the collection of your personal information, please contact us:

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

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



Your Information		
CRT Dispute Number (eg., SC-2018-00001):		
Legal First Name and Middle Name	Legal Last Name	
Address (Street or P.O. Box)		Unit
		Postal Code
City	Province/State	Country (if other than Canada)
Daytime Phone	Email Address	
Is this dispute about an injury from a motor vehicle accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Why are you asking for a representative for this dispute?		

Representative's Information		
Representative's First Name and Middle Name	Representative's Last Name	
What is their title? <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other:		
What are their pronouns? (We're asking so we address them respectfully during the process.)		
<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other:		
Address (Street or P.O. Box)		Unit
		Postal Code
City	Province/State	Country (if other than Canada)
Daytime Phone	Email Address	
Is this person a lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If this dispute is about an injury from a motor vehicle accident, is this person an authorized employee of your insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No		