



### About this form

Use this form to ask the CRT's permission to have someone speak on your behalf during the CRT process. This form must be submitted by the person wanting to be represented, not their representative.

We will follow up with you once we review and process your form. To learn more, visit [civilresolutionbc.ca](http://civilresolutionbc.ca) and search for "representative".

Send your completed form by email to [RSC@crtbc.ca](mailto:RSC@crtbc.ca) or by mail to the Civil Resolution Tribunal at:  
PO Box 9239 Stn Prov Govt  
Victoria, BC V8W 9J1

**CRT Dispute Number (eg SC-2020-00001)**

**Why do you need a representative for this CRT claim?**

*Maximum 4 sentences*

- .
- .
- .
- .

### Your Contact Information

**Your full legal name**

**If you're participating in this claim as a business, strata, society or organization: their legal name**

**Your mailing address**

**Your phone number**

**Your email address**



### Representative's Contact Information

Representative's full legal name

Representative's address

Representative's phone number

Representative's email address

Will this person be a witness in your claim?

- Yes
- No, or I don't know

Is this person a lawyer?

- Yes
- No, or I don't know

What is their relationship to you?

- Lawyer
- Insurance representative
- Spouse
- Friend
- Other (explain):

If you want your insurer to represent you, is this person an authorized employee of your insurance company?

- Yes
- No, or I don't know

If you want your insurer to represent you, are they required to provide coverage for damages if the other party is successful?

*If you don't know, ask your insurer.*

- Yes
- No, or I don't know



## Declaration

By printing my name below and submitting this form, I confirm that:

- This representative is 19 years or older.
- Under section 92 of the Civil Resolution Tribunal Act, a person who provides false or misleading evidence or other information in a tribunal proceeding commits an offence and is liable on conviction to a fine of \$10,000 or imprisonment for a term not longer than 6 months, or both.

Date submitted

Submitted by (print your full name)