Your information:

Name: _____

Address: _____

_____

City, State, ZIP: _____

Telephone number: _____

Identify your role: Claimant

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAI‘I

_____ Claimant,	)	AB No.: _____
vs.	)	DCD No.: _____
	)	Accident Date: _____
_____ Employer,	)	
and	)	
_____ Insurance Carrier.	)	
_____	)	

DESIGNATION OF REPRESENTATIVE and CERTIFICATE OF SERVICE

(Title of Document)

(continued on next page)

DESIGNATION OF REPRESENTATIVE

AND

CERTIFICATE OF SERVICE

Section 12-47-10(b)of the Labor and Industrial Relations Appeals Board Rules of Practice and Procedure provides:

> A person may be represented by an attorney or other duly appointed representative, including, but not limited to, insurance representatives and union representatives in any proceeding under this chapter.

Pursuant to the foregoing, I duly authorize and appoint the following person to act as my representative in the above-captioned workers' compensation claim(s):

Name of Designated Representative:

_____

Address of Designated Representative:

_____

City, State ZIP of Designated Representative:

_____

Telephone Number of Designated Representative:

_____

Relationship of Designated Representative to Represented Party:

_____

(continued on next page)

Party's Signature:

Dated: _____

Signed: _____

Print name: _____

The undersigned acknowledges and accepts his/her designation as representative, as noted above:

Designated Representative's Signature:

Dated: _____

Signed: _____

Print name: _____

(Certificate of Service on Following Page)

CERTIFICATE OF SERVICE

(Attach this form as the last page of documents filed)

I hereby certify that a copy of the foregoing document was sent to the following by means of hand-delivery and/or U.S. Mail, postage prepaid at the last known address/addresses, on the date noted below:

Name: _____

Address: _____

Address (continued): _____

City, State ZIP: _____

Identify method of Service: First Class, U.S. Mail, Postage Prepaid

Name: _____

Address: _____

Address (continued): _____

City, State ZIP: _____

Identify Method of Service: First Class, U.S. Mail, Postage Prepaid

Dated: _____

Signed: _____

Print name: _____