

Your information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Identify your Role: \_\_\_\_\_

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAI'I

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

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(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:

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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 the method of service and on the date noted below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address (continued): \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Method of Service: \_\_\_\_\_

Name: \_\_\_\_\_

Address Street: \_\_\_\_\_

Address (continued): \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Method of Service: \_\_\_\_\_

Dated: \_\_\_\_\_

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_