

Safety Standards Appeal Board **Courier Address:** 1st floor, 612 View Street Victoria, BC V8W 1J4

## Mailing Address: PO Box 9844 Stn Prov Govt Victoria BC V8W 9T2

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## FORM 4 - APPLICATION FOR A BOARD ORDER - (Rule 26)

The information on this form is collected under the authority of the *Safety Standards Act* and will be used to process your appeal under the *Safety Standards Act* or the *Homeowner Protection Act*. If you have any questions about the collection and use of this information, contact the Registrar at the address shown above.

A. APPLICANT INFORMATION					
Name:					
Contact Name (if different):					
Contact Address (if not previously filed):					
City: F	Province:		Po	Postal Code:	
Telephone: ( )	Fax: (	)	E-m	ail:	
Indicate preferred method of receiving correspon (if not previously filed)	dence	☐ Mail	☐ Fa	x	☐ E-Mail
B. APPEAL NUMBER (if known):					
C. DESCRIPTION OF REQUESTED ORDER					
Please describe the order you are requesting. e. g. an order deferring or dismissing an appeal; an order adding a party or intervener; an order to require a party to provide a document or thing relating to an appeal; to summons a witness; to adjourn a hearing; an order for costs, etc. (If more room is needed, please attach a separate sheet)					
D. REASON ORDER IS REQUIRED					
Please explain the reason the order is required: (If more room is needed, please attach a separate sheet)					
E. GROUNDS FOR ORDER					
Please explain the grounds for the application, identifying (if applicable) specific provisions of legislation, regulations and/or rules which support the application: (If more room is needed, please attach a separate sheet):					
F. EVIDENCE FILED IN SUPPORT OF THE APPLICATION					
Please list and attach any evidence filed in support of the application:					
G. DESCRIPTION OF STEPS TAKEN TO RESOLVE THE ISSUE WITHOUT AN ORDER					
Please provide details of any attempts to resolve the issue without an order. (If more room is needed, please attach a separate sheet)					
H. SIGNATURE					
Date					
(Signature of Applicant)					