

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

Phone: 250) 387-4021 **Fax:** (250) 356-6645.

E-mail:

SafetyStandardsAppealBoard@gov.bc.ca

FORM 3 - CONFIDENTIALITY AGREEMENT - (Rule 24)

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. PARTY INFORMATION					
Name of Party:					
Contact Name: (if different)					
Contact Address:					
City:	Province:		Postal Code:		
Telephone: ()	Fax: ()	c () E-mail:			
Indicate preferred method of re		☐ Mail	☐ Fax	☐ E-Mail	
indicate preferred method of re		U IVIAII	☐ Fax	L-IVIAII	
B. APPEAL NUMBER:					
B. AFFEAL NOWIDER.					
C. CONFIDENTIALITY AGRI	EMENT				
I,Signature	, am an (employee, offic	cer, employer, dire	ctor etc.) of		(party).
OR					
I,Signature	, am the representative	, agent, counsel et	c.) for		(party).
I DECLARE THAT:					
I have read the Rules of Pra appeal.	ictice and Procedure of the	Safety Standards	Appeal Board and all Ord	ers of the Board that rel	ate to this
2. I understand that the Orders				tand that any breach of	the terms of
the Orders could be the sub	ject of contempt proceeding	igs in the BC Supre	eme Court.		
I will maintain the confident	ality of any information or e	evidence that I rece	eive during the course of a	ny settlement conferen	ce or mediation
relating to an appeal before course of that hearing.	the Safety Standards Appe	eal Board and will r	not disclose any information	on or evidence that I rec	eive during the
I will not reproduce in any n course of any settlement co evidence taken and submis	nference or mediation, or a	any notes, transcrip	ts or written submissions		
I will personally deliver to the to me, including any transcription.		icial] at the end of	any settlement conference	e or mediation all docum	nents provided
D. AUTHORIZATION					
			_		
(Signature of Party, Repr	esentative, Agent or Couns	sel)	DATE		