ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (party filing petition for review	ew)	
VS.		
	AWCAC Appeal	No
		No
Respondent(s). (all other parties to pe		
SELF-REPRESENTED PETITIONE PETI	R'S MOTION FOR EXTEN	SION OF TIME TO FILE
Ι,	, am the Petitioner. I request	the Commission grant me an
extension of time of days to	•	_
for Review for the following reasons:		
To Review for the following reasons.		
	(/	Attach more pages if needed.)
The person filing	this document MUST sign	<u>below</u> .
☐ This form is being filed not later than 15 days	_	
	after	
the date of the Alaska Workers' Compensation Boo	ard's	Date
		Date
the date of the Alaska Workers' Compensation Boddecision. This form is being filed days after the date	ard's Signature te of Ma	Date siling Address
the date of the Alaska Workers' Compensation Boddecision.	ard's Signature te of Massion.	niling Address
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the date of the Alaska Workers' Compensation Boddecision. This form is being filed days after the dathe Alaska Workers' Compensation Board's decision. My Petition for Review is attached. CER I certify that on (date) this faxed, emailed, or hand delivered to the	te of Signature Telephone Number TIFICATE OF SERVICE S Motion for Extension of Time to File Alaska Workers' Compensation Ap	Fax Number and/or E-mail e Petition for Review was mailed, peals Commission, and on the same
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