ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, (pa	rty filing appeal)	
VS.		
		AWCAC Appeal No.
Appellee(s).	(all other parties to appeal)	AWCB Decision No.
	· · · · · · · · · · · · · · · · · · ·	AWCB Case No.
MOTIO		TIME TO FILE NOTICE OF APPEAL ENTED APPELLANT
I,	nme) , an	n the Appellant.
I request that the C	ommission grant this mot	on for an extension of time for filing my Notice
of Appeal. I was lat	te in filing my Notice of Ap	peals for the following reasons:
		(Attach more pages if needed.)
	Signature	(Attach more pages if needed.)
	Signature	
	Signature	Date
	Signature Mailir	Date
	Signature Mailir	Date g Address
Person filing this documen	Signature Mailir City, Telephone Number	Date g Address State, Zip
Person filing this documen	Signature Mailir City, Telephone Number nt MUST sign above. CERTIFICAT	Date g Address State, Zip Fax Number and/or Email
I certify that on were ☐ mailed, ☐ faxed and I that on this same of	Signature Mailir City, Telephone Number Mailir City, Telephone Number MUST sign above. CERTIFICAT this Motion for Extension d,	Date g Address State, Zip Fax Number and/or Email
I certify that on were ☐ mailed, ☐ faxed and I that on this same of	Signature Mailir City, Telephone Number Mailir City, Telephone Number MUST sign above. CERTIFICAT this Motion for Extension d,	Date g Address State, Zip Fax Number and/or Email TE OF SERVICE of Time to File Notice of Appeal and all supporting documents and to the Alaska Workers' Compensation Appeals Commission, with the Commission were mailed or hand delivered to additional pages if more addresses must be listed.)
I certify that on	Signature Mailir City, Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number CERTIFICAT this Motion for Extension d,	Date g Address State, Zip Fax Number and/or Email TE OF SERVICE of Time to File Notice of Appeal and all supporting documents and to the Alaska Workers' Compensation Appeals Commission, with the Commission were mailed or hand delivered to additional pages if more addresses must be listed.)
I certify that on were ☐ mailed, ☐ faxed and I that on this same of the following parties at the following parties at the Director Alaska Workers' Compensation Division P.O. Box 115512	Signature Mailir City, Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number CERTIFICAT this Motion for Extension d,	Date g Address State, Zip Fax Number and/or Email TE OF SERVICE of Time to File Notice of Appeal and all supporting documents and to the Alaska Workers' Compensation Appeals Commission, with the Commission were mailed or hand delivered to additional pages if more addresses must be listed.)
I certify that on were ☐ mailed, ☐ faxed and I that on this same of the following parties at the ☐ Director Alaska Workers' Compensation Division	Signature Mailir City, Telephone Number Telephone Number Telephone Number CERTIFICAT this Motion for Extension d, emailed, or hand delivered date copies of the documents filed the addresses listed below. (Attach a state agency: Attorney General's Office	Date g Address State, Zip Fax Number and/or Email TE OF SERVICE of Time to File Notice of Appeal and all supporting documents and to the Alaska Workers' Compensation Appeals Commission, with the Commission were mailed or hand delivered to additional pages if more addresses must be listed.)