



AUTHORIZATION

To the Department of Labor and Industries:

Authorization is hereby given to the Department of Labor and Industries to provide statistics and on-line access to the Workers' Compensation account of this firm and any sub-accounts to **Washington Employers**. This authorization is effective immediately and will remain in effect for one (1) year from the date of signing.

Company Name: _____

L&I Account I.D. No. _____ UBI # _____
(As assigned by the Department of Labor & Industries)

Check here to include any sub-accounts

Signature: _____ Date: _____
(owner, partner, corporation officer)

Printed Name: _____ Title: _____

GENERAL INFORMATION

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

After signing, please send form to:

***Washington Employers
Attention: Art Dalessandro
24437 Russell Road, Suite 110
Kent, WA 98032***

Fax Number - (206) 328-0131

adalessandro@wa-emp.com