



Temporary Authorization for Release of Information

L&I Account # (Include sub accounts): _____

UBI #: _____

Company Name: _____

DBA: _____

To the Department of Labor & Industries,

Authorization is hereby given to the Washington State Department of Labor & Industries to provide our company's claim history, premium, losses, statistics, experience modification factor and related industrial insurance data to Washington Trucking Associations (WTA) along with access to the Department's on-line Claim & Account Center. WTA is hereby authorized as a dually authorized representative. This authorization is effective immediately and granted from the date of the signature until withdrawn through written notification to the Department.

Signature: _____ Date: _____

Print Name: _____ Title: _____

General Company Information

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Primary Contact Name: _____ Title: _____

Type of Business: _____

Risk Classification used on a Quarterly Report to L&I: _____

Once complete, and signed, please return this form to the WTA:

Email: wta@watrucking.org

Fax: (253) 617-1014

Mailing Address: 2102 Carriage Dr SW Bldg F, Olympia, WA 98502

Phone: (253) 838-1650