



**Instructions**

- The employer and representative must complete this form and file it with BWC.
- You must possess a valid BWC representative ID number.
- To obtain a valid representative ID number, contact the Central Office, customer assistance desk at 614-466-1958 or 614-466-1563, or inquire at any BWC customer service office information desk.

<b>Injured worker name</b>	<b>Claim number</b>
<b>Date of injury</b>	<b>Employer policy number</b>
<b>Employer name</b>	
<b>Employer address</b>	<b>City, State, ZIP code</b>

**Representative**

<b>Representative name</b>	<b>Representative ID number</b>
<b>Address</b>	<b>Telephone number</b>
<b>City, State, ZIP code</b>	
<b>Representative e-mail address</b>	<b>Fax number</b>

**Authorization**

<i>I hereby authorize the above representative to represent me in the above claim before the Ohio Bureau of Workers' Compensation and the Industrial Commission of Ohio. This authorization also entitles this representative to automatically receive correspondence generated in the above claim file.</i>	
<b>X</b>	
<b>Signature of employer official granting this authorization</b>	<b>Date of authorization</b>