



Fax this completed form to BWC at 614-621-3437.

After receiving a RIN number an employer or injured worker may assign you as a representative to an individual claim using the Employer Authorized Representative (R-1) or Injured Worker Authorized Representative (R-2).

Applicant's name

- The listed name must match the name reported to the Social Security Administration or, if using an employer identification number, the associated name reported to the Internal Revenue Service.
Complete the appropriate option below.
You must complete one of the three options.

Option 1 Individual attorney applying for RIN

Name
Ohio attorney registration number; or
Certificate of Pro Hac Vice registration number
If you are an out-of-state attorney, you must attach a Certificate of Pro Hac Vice to this application.

Option 2 Individual non-attorney applying for RIN

Name
Check if you are: [] Union representative Other (Identify)

Option 3 Company, firm or union applying for RIN; individual employees/attorneys may share one RIN.

Name Contact name
Check if you are: [] Law firm [] Local union [] Third-party administrator [] Other (Identify)

Taxpayer identification number (Social Security (SSN) or employer identification number (EIN))

If you anticipate payment for services, you must also attach a W-9 to this application.
Taxpayer identification number (SSN or EIN)

Applicant contact information

Street address
City State ZIP code
Email address
Phone number Fax number
Signature of applicant (if applying as company or firm, signature of contact person) Date

BWC use only

Representative number issued Date
Signature of assigning BWC employee Date