



Employer Authorized Representative

INSTRUCTIONS:

- This form must be completed in its entirety by the Employer and Representative and filed with the Ohio Bureau of Workers' Compensation (BWC).
- A valid BWC Representative I.D. number is **required**.
- To obtain a valid Representative I.D. 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.

Injured worker name	Claim number
Date of injury	Social Security Number
Employer name	Employer policy number
Employer address	City, State, ZIP Code

REPRESENTATIVE

Representative name	Representative I.D. number
Address	Telephone number
City, State, ZIP Code	
Representative email address	Fax number

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>	
X	
Signature of employer official granting this authorization	Date of Authorization