

**If you are authorizing for Collections or Audit purposes (not claims), [click here](#) to file a separate application.

Labor & Industries
Employer Services
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QUARTERLY REPORT
THIRD PARTY REPRESENTATIVE
(TPR) AUTHORIZATION

EMPLOYER INFORMATION

Complete this section if you authorize Labor & Industries to share information regarding your quarterly filing, and accept and process quarterly reports submitted by the following company (e.g. accountant, payroll provider, etc.) on behalf of your firm.

Business Name	Business Contact Name
UBI Number <i>(9-digit)</i>	Account ID <i>(8-digit)</i>
Address	Phone Number
	Fax Number
City, State Zip	E-mail Address

THIRD PARTY REPRESENTATIVE (TPR) INFORMATION

TPR Business Name	Authorized Contact Name
UBI Number <i>(9-digit)</i>	Phone Number
Address	Fax Number
City, State Zip	E-mail Address

EFFECTIVE DATE

Enter the effective date that you want your quarterly report to be processed by your requested representative. If you are changing representatives, this is the effective date you designate the TPR listed above. If effective date is left blank, the date signed below will be used as the effective date.

Effective Date

Employer's signature below authorizes Labor & Industries to communicate about, accept and process the Quarterly Report form within the provisions listed above.

Printed Business Name

Employer Signature (must be original signature) and Date

Employer Printed Name