



WCS AUTHORIZATION FORM

Wholesale, Retail & Professional Services (WRPS)

To the Department of Labor and Industries:

Authorization is hereby given to the Department of Labor and Industries to provide statistics and online access to the Workers' Compensation account of this firm and any sub-accounts to **Archbright™**. This authorization is effective immediately and will remain in effect for one (1) year from the date of signing.

Company Name: _____

L&I Account I.D. No. _____ UBI # _____

(As assigned by the Department of Labor & Industries)

Check here to include any sub-accounts

Signature: _____ Date: _____

(owner, partner, corporation officer)

Printed Name: _____ Title: _____

Email Address: _____

GENERAL INFORMATION

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

After signing, please send form to:

Archbright™

Attention: Arthur M. Dalessandro

5601 6th Avenue South, Suite 400

Seattle, WA 98108

Fax Number: 206.860.7889

adalessandro@archbright.com