



Department of Labor and Industries Authorization Form

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: Tim Lundin

**5601 6th Avenue S, Ste 400
Seattle, WA 98108**

Fax Number: 206.860.7889

tlundin@archbright.com