Temporary Authorization for Release of Information



Company Name:			
L&I Act. Number:		and all open/active	sub accounts
UBI Number:			
To the Department of Labor	and Industries:		
losses, statistics, experience modi	fication factor and rent's on-line Claim	elated industrial insurance d & Account Center. This auth	our company's claim history, premium, ata to Aspire Consulting LLC (Aspire), norization is effective immediately and n notification to the Department.
Signature of Company Official		Date	-
Printed Name		Title:	-
Contact Information:			
Company Address:			
City	State:	Zip:	
Contact Name:			
Email:		Phone: _()	
Current Retro Group (if applica	ıble):		

Please return this signed form to Heather Davis with Aspire Consulting

Email: hdavis@aspireconsultllc.com Fax: (253) 444-9294 Mail: P.O. Box 25376 Federal Way, WA 98093

If you have additional questions please contact Heather at (253) 320-0338.