



Associated Builders & Contractors Of Western Washington



HELPING TO BUILD WASHINGTON

Temporary Authorization for Release of Information

Company Name: _____

L&I Act. Number: _____

UBI Number: _____

To the Department of Labor and Industries:

Authorization is hereby given to the Department of Labor & Industries to provide our company's claim history, premium, losses, statistics, experience modification factor and related industrial insurance data to Aspire Consulting LLC (Aspire), along with access to the Department's on-line Claim & Account Center. This authorization is effective immediately and granted one year from the date of signature or until withdrawn through our written notification to the Department.

Signature of Company Official

Date

Printed Name

Title:

Contact Information:

Company Address: _____

City, _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Current Retro Group (if applicable): _____

Please return this signed form to Aspire

Fax: (206) 452-2726

Email: hdavis@aspireconsultllc.com

Mail: P.O. Box 25376

Federal Way, WA 98093

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