## **Temporary Authorization for Release of Information**

Company Name: \_\_\_\_\_

| L&I Act. Number:   |  |   |   |                        |
|--|--|---|---|------------------------|
| UBI Number:  |  |   |   |                        |
| To the Department of Labor a   | and Industries:  |   |   |                        |
| Authorization is hereby giver premium, losses, statistics, ex LLC (Aspire), along with acces immediately and granted one the Department. | perience modification fac<br>ss to the Department's or | ctor and related ind<br>n-line Claim & Acco | ıstrial insurance dat<br>unt Center. This aut | a to Aspire Consulting |
| Signature of Company Official  |  | Date  |   |                        |
| Printed Name   |  | Title:                                      |   |                        |
| Contact Information:   |  |   |   |                        |
| Company Address:   |  |   |   |                        |
| City   | State:   | Zip:  |   |                        |
| Phone: _()   | Fax:_()  | <u></u>                                     |   |                        |
| Contact:   |  |   |   |                        |
| Email:   |  |   |   |                        |
| Current Retro Group (if applic   | :able):  |   |   |                        |

Please return this signed form to Aspire

Fax: (253) 444-9294 or Email: hdavis@aspireconsultllc.com

Mail: P.O. Box 25376 Federal Way, WA 98093

Mail: P.O. Box 253/6 Federal Way, WA 98093

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

