

Fax# (360) 455-0377

DEPARTMENT OF EMPLOYMENT SECURITY
EXPERIENCE RATING UNIT
PO BOX 9046
OLYMPIA, WA. 98507-9046

Re: Authorization to Inspect

Co. name: _____

UBI No: _____

To whom it may concern:

This is to authorize the representative of:

Penser NorthAmerica, Inc.
700 Sleater-Kinney Rd SE, Suite B, #700
Lacey, WA 98503
Phone: (360) 455-4128 x 102
Fax: (360) 455-0377

to examine, copy and/or review the claims history, quarterly reports, actuarial data, or any other information on the above referenced employer account on any matter relating to unemployment compensation for a period not to exceed 180 days from this ___ day of _____, 2012.

Penser has advised us that this letter of authorization releases confidential account and claims information.

Signed: _____

Name: _____

Position: _____

Address: _____

Email: _____

Phone: _____

Fax: _____