

**California Department of Industrial Relations
Division of Workers' Compensation**

Request for DWC Authorization Number

Instructions: In order to facilitate streamlined access to WCAB records, you may obtain DWC Authorization Number. You may obtain an authorization number by completing this request form and returning it to:

DWC Public Records Office
Division of Workers' Compensation
P.O. BOX 420603
San Francisco, CA 94142

This request may also be submitted by faxing it to (510) 286-7163

Please complete the following (please print):

Requestor Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: () _____

Nature of requestor's business: _____

Please explain the reason(s) why you want this information. _____

NOTE: This Request is a Public Record and will remain on file. By making this request you are declaring that you will not use the information you receive for illegal or unlawful purposes.

I, the undersigned, declare under penalty of perjury under the laws of the State of California, that I shall not use the information received pursuant to this request for illegal or unlawful purposes and that the foregoing is true and correct.

Signature

Date

(To be completed by the Division of Workers' Compensation only)

Your request for DWC case information authorization has been granted.

Your authorization number is _____

Your request for DWC case information authorization has been denied because
