

State of Tennessee Department of Labor and Workforce Development Employer Services Unit 220 French Landing Drive, Floor 3-B Nashville, Tennessee 37243-1002

DECLARATION OF REPRESENTATIVE

This is to cert	ify that (Representative):					
Located at: _						
City:	State	»:	_ Zip Code:			
Phone:	Fax:					
is authorized	to represent (Employer):					
Employer	r's Federal Employer Identification Number:			Applied For		
Employer's Tennessee Employer Account Number:				Applied For		
before the Te	nnessee Department of Labor and Workforce De	velopm	ent (TDLWD)	for the item(s)	checked below:	
for completing and filing quarterly Premium and Wage Reports			for benefit charge management*			
notice(s) of cla	ge Management includes receiving and responding to aim filed and, responding to any summary of benefi- and appearance in connection with those appeals befo	ts charge	ed. It also inclu	des representatio		
Summaries of l	benefits charged are mailed to the primary address of	record.				
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX				
	tion supersedes all similar authorizations. This, release to the Representative any documentation re					
Empl	oyer Name:					
Trade	e Name:					
Maili	ng Address:					
Required:						
Authorized Employer Signature:			Date:			
Print Name of Signer:			Title: _			
Return to:	Tennessee Department of Labor and Workforce D Employer Services Unit 220 French Landing Drive, Floor 3-B	evelopm	Phone:	615-741-2486		
	Nashville, TN 37243		Fax:	615-741-7214		

LB-0927 (Rev. 07-14) RDA 1559