



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 certify that (Representative): _____

Located at: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

is authorized to represent (Employer): _____

Employer's Federal Employer Identification Number: _____ Applied For

Employer's Tennessee Employer Account Number: _____ Applied For

before the Tennessee Department of Labor and Workforce Development (TDLWD) for the item(s) checked below:

<input type="checkbox"/>	<input type="checkbox"/>
for completing and filing quarterly Premium and Wage Reports	for benefit charge management*

*Benefit Charge Management includes receiving and responding to any time sensitive request(s) for separation information and notice(s) of claim filed and, responding to any summary of benefits charged. It also includes representation for the purpose of filing appeals and appearance in connection with those appeals in administrative appeals before the TDLWD.

Summaries of benefits charged are mailed to the primary address of record.



This authorization supersedes all similar authorizations. This form also authorizes the TDLWD to, in accordance with applicable law, release to the Representative any documentation relating to the Employer's account that it could release to the Employer.

Employer Name: _____

Trade Name: _____

Mailing Address: _____

Required:

Authorized Employer Signature: _____ Date: _____

Print Name of Signer: _____ Title: _____

Return to: Tennessee Department of Labor and Workforce Development
 Employer Services Unit
 220 French Landing Drive, Floor 3-B
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Phone: 615-741-2486
 Fax: 615-741-7214