

**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

\_\_\_\_\_