

NAME  
STREET  
CITY, STATE, ZIP CODE

TELEPHONE #:

**STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD**

vs.	Applicant,
	Defendants.

WCAB#:

APPLICATION FOR DISCRIMINATION  
BENEFITS PURSUANT TO LABOR CODE  
SECTION 132(A)

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of \_\_\_\_\_ California. I am over the age of eighteen years, my (business/residence) address is:

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On \_\_\_\_\_, I served the attached \_\_\_\_\_ on the \_\_\_\_\_ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

\_\_\_\_\_ addressed as follows \_\_\_\_\_

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) \_\_\_\_\_, at \_\_\_\_\_ California.

Type or print name \_\_\_\_\_

Signature \_\_\_\_\_