



# Permanent Authorization

To: Ohio Bureau of Workers' Compensation  
 Employer Services 22<sup>nd</sup> Floor  
 Self-Insured Department 26<sup>th</sup> Floor

Please return to:  
 Wickens, Herzer, Panza, Cook & Batista  
 35765 Chester Road  
 Avon, OH 44011

FAX - (440) 695-8098  
 Email: kfraatz@wickenslaw.com

Policy number
Entity
DBA
Address
_____
_____

NOTE: For this to be a VALID letter, it must be stamped by Employer Services or by the Self-Insured Department for self-insured employers.

This is to certify that effective \_\_\_\_\_ Wickens, Herzer, Panza, Cook & Batista Co. (21152-91)  
 (Date) (Representative name and Rep. I.D. number)

including its agents or representatives identified to you by them, has been retained to represent us before the Bureau of Workers' Compensation and the Ohio Industrial Commission in matters pertaining to our participation in the Workers' Compensation Fund according to the type of representation below. Please check the type of representation desired. See description of representatives on side 2.

√	Type of Authorized Representative
√	Employer Risk/Claim Representative (ERC)
	Risk Management Representative (RISK)
	Claim Management Representative (CLM)

This authorization supersedes all permanent authorizations on file for the type of representation indicated above.

I understand and agree any letters, requests, and actions initiated by a superseded authority will be processed completely.

I understand that this authorization, now being granted, is of a continuous nature from the effective date indicated herein. However, I possess the right to terminate this authorization at any time through written notification to the Employer Services or Self-Insured Department as appropriate.

By typing your name in the field below, you are signing this Agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document. **When complete, click on Submit Form in the upper right hand corner to email form to [KFraatz@WickensLaw.com](mailto:KFraatz@WickensLaw.com).**

Telephone number	Fax number	E-mail address	
Type name	Employer signature	Date	
	Completed electronically		