



Fax this completed form to BWC at 614-621-3437.

After receiving a RIN number an employer or injured worker may assign you as a representative to an individual claim using the [Employer Authorized Representative \(R-1\)](#) or [Injured Worker Authorized Representative \(R-2\)](#).

Applicant's name		
<ul style="list-style-type: none"> The listed name must match the name reported to the Social Security Administration or, if using an employer identification number, the associated name reported to the Internal Revenue Service. Complete the appropriate option below. You must complete one of the three options. 		
Option 1	Individual attorney applying for RIN	
	Name	
	Ohio attorney registration number; or	
	Certificate of Pro Hac Vice registration number	
If you are an out-of-state attorney, you must attach a <i>Certificate of Pro Hac Vice</i> to this application.		
Option 2	Individual non-attorney applying for RIN	
	Name	
Check if you are: <input type="checkbox"/> Union representative <input type="checkbox"/> Other (Identify)		
Option 3	Company, firm or union applying for RIN; individual employees/attorneys may share one RIN.	
	Name	Contact name
	Check if you are: <input type="checkbox"/> Law firm <input type="checkbox"/> Local union <input type="checkbox"/> Third-party administrator <input type="checkbox"/> Other (Identify)	
Taxpayer identification number: Social Security (SSN) or employer identification number (EIN)		
If you anticipate payment for services, you must also attach a W-9 to this application.		
Taxpayer identification number (SSN or EIN)		
Applicant contact information		
Street address		
City	State	ZIP code
Email address		
Phone number	Fax number	
Signature of applicant (if applying as company or firm, signature of contact person)	Date	
BWC use only		
Representative number issued	Date	
Signature of assigning BWC employee	Date	