

**Please fill out and fax to: 360-455-0377**

Department Of Employment Security  
Experience Rating Unit  
P.O. Box 9046  
Olympia, WA. 98507-9046

Re: Authorization to Inspect

Co. name: \_\_\_\_\_

E.S. Ref. No: \_\_\_\_\_

UBI No: \_\_\_\_\_

To whom it may concern:

This is to authorize the representative of:

Penser NorthAmerica, Inc.  
700 Sleater-Kinney Rd SE, Suite B, #700  
Lacey, WA 98503  
Phone: (360) 455-4128  
Fax: (360) 455-0377

to examine, copy and/or review the claims history, quarterly reports, actuarial data, or any other information on the above referenced employer account on any matter relating to unemployment compensation for a period not to exceed 180 days from this \_\_\_\_ day of \_\_\_\_\_, 2008.

Penser has advised us that this letter of authorization releases confidential account and claims information.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_