



State of Tennessee  
 Department of Labor and Workforce Development  
 Employer Services Unit  
 220 French Landing Drive, Floor 3-B  
 Nashville, Tennessee 37243-1002

**DECLARATION OF REPRESENTATIVE**

This is to certify that (Representative): \_\_\_\_\_

Located at: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

is authorized to represent (Employer): \_\_\_\_\_

Employer's Federal Employer Identification Number: \_\_\_\_\_ Applied For

Employer's Tennessee Employer Account Number: \_\_\_\_\_ Applied For

before the Tennessee Department of Labor and Workforce Development (TDLWD) for the item(s) checked below:

<input type="checkbox"/>	<input type="checkbox"/>
for completing and filing quarterly Premium and Wage Reports	for benefit charge management*

\*Benefit Charge Management includes receiving and responding to any time sensitive request(s) for separation information and notice(s) of claim filed and, responding to any summary of benefits charged. It also includes representation for the purpose of filing appeals and appearance in connection with those appeals before Appeal Boards of the TDLWD.

Summaries of benefits charged are mailed to the primary address of record.



This authorization supersedes all similar authorizations. This form also authorizes the TDLWD to, in accordance with applicable law, release to the Representative any documentation relating to the Employer's account that it could release to the Employer.

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

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

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

**Required:**

Authorized Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Signer: \_\_\_\_\_ Title: \_\_\_\_\_

**Return to:** Tennessee Department of Labor and Workforce Development  
 Employer Services Unit  
 220 French Landing Drive, Floor 3-B  
 Nashville, TN 37243  
 Phone: 615-741-2486  
 Fax: 615-741-7214