Florida Workers' Compensation Claims Database Registration Form

Company Name *	Federal Employer Identification Number *
Address *	City *
State *	Zip Code +4 *
Phone Number *	Fax Number
Type of Business *	E-Mail Contact

Authorized Users *	SSN *	E-Mail Address	Florida Workers' Compensation Use Only

As Owner or Corporate Officer of the above named Company, I give my authorization for the persons named above to be registered users of the Florida Workers' Compensation Claims Database. I understand that any authorized user who fails to access the database in any six-month period will be automatically de-authorized.

Owner or Corporate Officer *	Authorized Signature *	Authorization Date *

Florida Workers' Compensation Use Only

*** Required Fields**

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