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| DCBS logo black - WCD | **Worker Leasing****Reinstatement Notice*****(Reinstates terminated Worker Leasing Notice)*** | Internal use onlyReceived date:[ ]  Approved [ ]  Rejected |
| This notice must be used to reinstate a terminated Worker Leasing Notice (Form 2465). This notice must be filed with the Oregon Workers’ Compensation Division and its insurer within 30 days after the reinstatement becomes necessary. [OAR 436-180-0110(4)]**Please fax this notice to 503-947-7820. For other filing options, call 503-947-7675.** If you have already removed the Notice of Compliance postings (Form 1188), you must ensure the client reposts the Notice of Compliance poster in a visible manner sufficient to inform workers about the coverage. (ORS 656.056) |
| **EFFECTIVE DATE FOR REINSTATEMENT:** |  |
|  | *(Must match effective date on the Worker Leasing Notice you wish to reinstate)* |
| **CLIENT INFORMATION** *(provide ONLY client information in this section)* |
| Business entity legal name: |  | FEIN: |  |
|  |  |  |  | *(do NOT use SSNs)* |
| Assumed business name (dba), if any: |  |
| Client phone: |  | Client email, if known: |  |
|  |
| **WORKER LEASING COMPANY INFORMATION** |
| Legal name: |  | dba |  |
|  | *(if used in Oregon)* |
| Oregon leasing license no.: | WLC000 | FEIN: |  |  |
| The worker leasing company named above, by signing this Reinstatement Notice and filing it with the Workers’ Compensation Division, hereby guarantees that it is either a self-insured employer certified under ORS 656.407, or has workers’ compensation insurance in effect to cover workers leased to the client and subject workers of the client. |
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| Authorized representative name (please print) |  | Email |  | Phone |
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| Signature of authorized representative |  | Date |
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| 440-5361 (8/18/DCBS/WCD/WEB) |  |