WCD Workers' Compensation Division
Department of Consumer and Business Services

Service company's notification of business in Oregon

Service company information

Service company's name: _____ FEIN: _____

General lines agency license no.: _____

Group name (if applicable): _____

Service company's workers' compensation address and contacts in Oregon

Physical address:

Street address: _____

Mailing address: _____

City: _____ State: _____ ZIP+4: _____

General delivery email address for company: _____

Mailing address (if applicable):

Mailing address: _____

City: _____ State: _____ ZIP+4: _____

Oregon office primary contact for workers' compensation (if applicable):

Name: _____ Title: _____ Phone: _____

Email address: _____ Fax: _____

If you have questions, contact the insurer registration specialist, Workers' Compensation Division, 503-947-7705.

Mail this form to: Workers' Compensation Division
Attn: Insurer Registration
P.O. Box 14480
Salem, OR 97309-0405

Or fax it to: 503-947-7725

Or email it to: insurerregistration.wcd@oregon.gov

Service company representative completing form:

Name: _____ Title: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

For department use	
WCD no.: _____	Date processed: _____
Date rec'd: _____	Initials: _____