

This form is intended to be printed, completed and mailed through the U.S. Postal Service. Forms or replications of forms returned by e-mail will not be accepted for processing.

You can also electronically file by going to our web site at <http://www.bii.wa.gov/FileOnline.html>

Board of Industrial Insurance Appeals
PO Box 42401 Olympia, WA 98504-2401

ASSESSMENT NOTICE OF APPEAL

(Not for Workers' Compensation Appeals)

If you disagree with a decision of the Department of Labor and Industries concerning the assessment of industrial insurance taxes, or the classification of workers and the rate of taxes assessed, this form can be used to file an appeal of that decision. You must file the appeal with the Board of Industrial Insurance Appeals, **WITHIN 30 DAYS of the date you received** the Department's decision. The appeal can be filed with the Board personally or by mail at the above address.

* indicates required field

Today's date: _____

I wish to appeal the decision of the Dept of Labor & Industries dated: _____ [copy attached]

Firm No. * _____

Firm Name: * _____

Business mailing address (Main Office) Street Address (or PO Box): *

City: _____ State: _____ Zip: _____

Please state what you are asking for: _____

I desire to have any proceedings held in: (City) _____

(Signature) * _____

Name: (Please Print) First: * _____ Last: * _____

Work/Home Telephone: * _____ Contact E-mail: _____

Address: * _____

City: * _____ State: * _____ Zip: * _____

It is important that the Board be able to reach you concerning your appeal. If you do not have a phone, please provide the number of a friend/relative where we can leave a message. Also, please notify us if you change your address.