



STATE OF WASHINGTON

BOARD OF INDUSTRIAL INSURANCE APPEALS

2430 Chandler Ct SW PO Box 42401 • Olympia, WA 98504-2401 • (360) 753-6823 • [www.biaa.wa.gov](http://www.biaa.wa.gov)

**DECLARATION OF RECEIPT OF PROPOSED DECISION AND ORDER**  
(Complete only if you file a Petition for Review or Request for Extension of Time)

**Case Name:** \_\_\_\_\_ **Docket number:** \_\_\_\_\_

**Claim/Firm/Citation number:** \_\_\_\_\_

I declare under penalty of perjury under the laws of Washington State that the following is true and correct and based on personal knowledge.

The Proposed Decision and Order in this appeal was received on

\_\_\_\_\_, by \_\_\_\_\_  
(Date) (Individual's Name)  
on behalf of \_\_\_\_\_  
(Party Name)

SIGNED: \_\_\_\_\_, at \_\_\_\_\_  
(Date) (City and State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

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**CERTIFICATE OF MAILING**

**Case Name:** \_\_\_\_\_ **Docket number:** \_\_\_\_\_

**Claim/Firm/Citation number:** \_\_\_\_\_

I certify under penalty of perjury under the laws of Washington State that I filed a Petition for Review or Request for Extension of Time with the BIIA by depositing it in the United States Postal Service with postage prepaid and addressed to the Board's offices in Olympia on this date.

SIGNED: \_\_\_\_\_, at \_\_\_\_\_  
(Date) (City and State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)