Department of Labor and Industries
Contractor Registration
PO Box 44450
Olympia WA 98504-4450
1-800-647-0982 or 360-902-5226
EBIPSAgencyApp@Lni.wa.gov

Application for Agent Online Insurance Entry Access

Please type or print legibly. All requested information must be provided

Agency Information:

Agency Name:	WAOIC Number:

Agency Owner or President Name:

Agency Address: Street	City	State	Zip Code

Agency Phone Number:	Agency Email:

Agency Certification Statement

1. I certify under penalties of perjury that the information provided above is correct.

2. I certify that the agent listed on the reverse side has the authority to act as the administrator for my agency.

3. I certify that the administrator listed on the reverse side will only authorize agents who have authority to provide the Contractor Registration, Electrical Licensing and Plumber Certification with evidence of general liability insurance on behalf of my agency.

4. I certify that if the administrator on the reverse side also enters insurance information they too are authorized to provide the Contractor Registration, Electrical Licensing and Plumber Certification with evidence of general liability insurance on behalf of my agency.

5. I certify that if an agent is no longer in my employment or is no longer authorized to provide evidence of insurance on behalf of my agency I will ensure that the administrator on the reverse side will revoke their access immediately.

6. I certify that if the administrator on the reverse side is no longer in my employment or is no longer authorized to delegate users I will immediately notify you to have their access removed. I understand that if I don't provide you with the new administrator my agents will no longer have access to the system.

7. I certify that the agents assigned to my agency will provide true and accurate insurance records.

Signature of Agency Owner/President:	Date:

F625-110-000 Application for Agent Online Insurance Entry Access 09-2023

Agency Administrator Information:

Name (First, Middle, Last):	WAOIC Number:
Name of Agency:	
Phone Number:	Email Address of administrator:

The Agency Administrator is the primary user of the system. They are responsible for adding or revoking access to other agents in that company.

Agency Administrator Certification Statement:

1. I certify under penalties of perjury that the information provided is complete and correct.

2. I understand that the Department of Labor and Industries has the right to deny this application.

3. I understand that User ID's and Passwords will not be shared by and/or between agents.

4. I understand that I am responsible for assigning and revoking access to insurance agents within my agency.

5. I understand that insurance agents assigned to my agency must provide true and accurate insurance policies for all contractors. Access could be revoked to the entire agency if false information is reported.

6. I understand that if an agent leaves my agency I am required to revoke their access immediately.

Signature of Agency Administrator:	Date: