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You can also electronically file by going to our web site at <http://www.bia.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.