MAIL, FAX, OR EMAIL TO:

30 W SPRING ST 8TH FL

OHIO INDUSTRIAL COMMISSION INFORMATION TECHNOLOGY

Ohio Industrial Commission

OUTSIDE PARTY I.C.O.N. ACCESS REQUEST FORM

BY REQUESTING THIS ACCESS WE UNDERSTAND	PLEASE PRINT ALL INFORMATION CLEARLY OR YOUR REQUEST MAY BE DELAYED. THIS FORM CAN BE FILLED OUT ONLINE BUT WILL NEED PRINTED TO BE SIGNED.														COLUMBUS OH 43215 (614) 644-6595 TOLL FREE 877-218-4810 FAX: (614) 387-3900 EMAIL: 6143873900@fax.ic.state.oh.us																			
Our request will create a password that enables our party to access claim information from I.C.O.N. Our designated contact person will be responsible for coordinating the password among all parties using the account.	REPRESENTATIVE ID or POLICY/RISK NUMBER: NOTE: Not all boxes may be needed] E	NOTE: IF YOU ARE A SELF-INSURED OR PUBLIC EMPLOYER AND WOULD LIKE ONE PASSWORD FOR ALL PLANT LOCATIONS, PLEASE INDICATE																				
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ACCESS WILL NOT BE GRANTED UNLESS SIGNED BELOW	CONTACT E-MAIL ADDRESS:																																	
NAME - PLEASE PRINT			ESS																															
SIGNATURE DATE																																		
By submitting this form, ALONG WITH A <u>SIGNED</u> LETTERHEAD , we are confirming our account information (name, address, city, etc.).	CITY:																																	
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If you have any questions regarding the completion of this form, please call (614) 644-6595 or 877-218-4810.	VIA E-MA													AIL VIA US POSTAL SERVICE																				
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