

## Request for Remote Access to Coverage Information Form 401 (Rev. **02/2022**)

### Purpose of Form

Use this form to request User IDs and passwords for remote access to the WCIRB's online coverage information. You may use this form to add new user accounts or delete user accounts that are no longer needed.

### Use of Form

This form is intended for use by the Authorized Contact of a governmental agency that has entered into an MOU with the WCIRB for remote access to coverage information. If you are not the Authorized Contact of such a governmental agency, please call WCIRB Customer Service for assistance.

### Form Completion

This form can be completed electronically. You may also complete this form manually and scan/email or fax it to the WCIRB. Please print clearly.

The completed form may be sent to:

WCIRB California  
1901 Harrison Street, 17th Floor  
Oakland, CA 94612  
Attn: Contracts Administrator, Legal Department  
contracts@wcirb.com

Incomplete forms will be returned and may result in a delay. If you need additional information or assistance in completing the form, please call WCIRB Customer Service.

### To Add New User(s)

Complete Sections A and B. This form allows for the addition of up to 10 new users. If you need to add more than 10 users, please submit a separate form. Note that the email address for your users must be a work email address.

### To Remove User(s)

Complete Sections A and C. This form allows for the deletion of up to 6 users. If you need to delete more than 6 users, please submit a separate form.

### Form Processing

Upon receipt of this form, the WCIRB will add or remove user accounts for the WCIRB online system. New users will receive an email with a User ID, temporary password and instructions for setting a new password.

### Questions

Call WCIRB Customer Service toll free at 888.229.2472  
7:30 a.m.–5:00 p.m. PST.

# Request for Remote Access to Coverage Information

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## Section A—Authorized Agency Contact

You must be the Authorized Contact of a governmental agency that has entered into a memorandum of understanding (MOU) with the WCIRB for remote access to coverage information. If you are not the Authorized Contact of such a governmental agency, please call WCIRB Customer Service for assistance.

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First Name	Last Name	
Title		
Governmental Agency Name		
Division or Department		
Street Address		
City	State	Zip
Telephone	Fax	
Email		

I affirm that I am authorized by the governmental agency referenced above to request User IDs and passwords for agency employees.

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Signature	Date
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# Request for Remote Access to Coverage Information

## Form 401 (Rev. 2/2022)

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Governmental Agency / Division or Department

### Section B—Add New User(s)

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First Name	Last Name	Title	
Governmental Agency		Division or Department	
Street Address			
City		State	Zip
Telephone		Email	

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First Name	Last Name	Title	
Governmental Agency		Division or Department	
Street Address			
City		State	Zip
Telephone		Email	

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First Name	Last Name	Title	
Governmental Agency		Division or Department	
Street Address			
City		State	Zip
Telephone		Email	

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First Name	Last Name	Title	
Governmental Agency		Division or Department	
Street Address			
City		State	Zip
Telephone		Email	

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First Name	Last Name	Title	
Governmental Agency		Division or Department	
Street Address			
City		State	Zip
Telephone		Email	

# Request for Remote Access to Coverage Information

## Form 401 (Rev. 2/2022)

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Governmental Agency / Division or Department

### Section B—Add New User(s)

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First Name	Last Name	Title
Governmental Agency	Division or Department	
Street Address		
City	State	ip
Telephone	Email	

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First Name	Last Name	Title
Governmental Agency	Division or Department	
Street Address		
City	State	Zip
Telephone	Email	

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First Name	Last Name	Title
Governmental Agency	Division or Department	
Street Address		
City	State	Zip
Telephone	Email	

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First Name	Last Name	Title
Governmental Agency	Division or Department	
Street Address		
City	State	Zip
Telephone	Email	

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First Name	Last Name	Title
Governmental Agency	Division or Department	
Street Address		
City	State	Zip
Telephone	Email	

# Request for Remote Access to Coverage Information

## Form 401 (Rev. **2/2022**)

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Governmental Agency / Division or Department

### Section C—Delete Existing User(s)

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First Name Last Name

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Governmental Agency Division or Department

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User ID (email address)

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First Name Last Name

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Governmental Agency Division or Department

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User ID (email address)

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First Name Last Name

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Governmental Agency Division or Department

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User ID (email address)

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First Name Last Name

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Governmental Agency Division or Department

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User ID (email address)

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First Name Last Name

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Governmental Agency Division or Department

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User ID (email address)

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First Name Last Name

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Governmental Agency Division or Department

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User ID (email address)