

**NC Dept. of Commerce  
Division of Employment Security**

Post Office Box 26504, Raleigh, NC 27611-6504 (\* All fields are required unless specified optional \*)

**AGENT AUTHORIZATION FORM**

**Part 1. Employer's Information. Must sign and date this form on page 2**

EMPLOYER'S NAME AND ADDRESS <i>(Exactly as shown on the Division of Employment Security Records)</i> _____ _____ _____ _____ _____	STATE UNEMPLOYMENT TAX ACCOUNT NUMBER _____
	FEDERAL EMPLOYER IDENTIFICATION NUMBER - _____

**Part 2. Agent's Information**

AGENT'S NAME _____	AGENT'S ACCOUNT NUMBER _____
ADDRESS _____	CITY, STATE, ZIPCODE _____
EMAIL ADDRESS _____	FAX NUMBER _____
AGENT'S REPRESENTATIVE NAME _____	PHONE NUMBER _____

The above representative is approved by the above-referenced employer to access and/or obtain information regarding the account's unemployment insurance and tax matters as selected below:

Select	Roles	Access Begin Date	Access End Date <i>(Optional)</i>
	All Roles		
	Wage Reports		
	Payments		
	Account Maintenance		
	*Unemployment Insurance Claims		
	Tax Rate & Charging Summary Information		

\* Respond to benefit claims documents, including request for information about a claimant's separation or status.

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**Part 3. Declaration of Representative**

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This Agent Authorization form shall become effective by the "Access Begin Date" and shall remain in effect until the "Access End Date" as shown above or until revoked by the employer, the Agent, or the Division of Employment Security. On the effective date, this Agent Authorization form revokes any earlier authorizations on file with the Division of Employment Security.

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AUTHORIZING SIGNATURE

DATE

*(Individual signing must be the proprietor, a general partner or duly elected corporate official exactly as shown on the Division of Employment Security records).*

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TYPED OR PRINTED NAME

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TITLE