



Colorado Division of Labor Standards and Statistics

AUTHORIZED REPRESENTATIVE FORM

(for Claimants & Employers to designate a representative)

Office Use Only:

CLAIM #:		COMP INVEST:	
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633 17th Street,
Denver, Colorado 80202-2107
Telephone (303) 318-8441
Fax (303) 318-8400
Toll Free (888) 390-7936
www.coloradolaborlaw.gov

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Claimants and Employers may designate representatives to assist in any aspect of the Division's complaint process. The complaint process includes the investigation conducted by the Division's Compliance Investigators and the appeals process through the Division's Hearing Officer. Representatives may be attorneys, non-attorneys, relatives, non-relatives, organizations.

To complete this form:

1. Fill in your information (Section I) and the information for the third party representative (Section II).
2. Sign and date the authorization statement (Section III).
3. Submit the completed form to the Division by email, fax, mail, or in person. Once submitted, you may only revoke this authorization by providing written notice to the Colorado Division of Labor Standards and Statistics.

Section I: Your Contact Information (to be filled out by the Claimant or the Employer)

Your First Name	Your Daytime Phone	
Your Last Name	Your Alternate Phone	
Your Mailing Address		
City	State	Zip Code
Your Email Address		
Name of Employer/Business/Company		

Section II: Authorized Representative Information

(can be a person or organization who represents the individual listed in Section I throughout the Division's complaint process)

First Name of Authorized Representative	Last Name of Authorized Representative	
Name of Authorized Representative Organization (if applicable)		
Mailing Address for Authorized Representative		
City	State	Zip Code
Phone Number	Fax Number	
Email Address		

Section III:

I, _____ (your name), hereby authorize the following:

1. The Division is authorized to release, furnish, provide, exchange and request any and all information concerning the specific complaint to the above listed authorized representative.
2. The above listed authorized representative can release, furnish, provide, exchange and request any and all information concerning the specific complaint to the Division.
3. The above authorized representative can make any and all decisions related to the specific complaint on my behalf.
4. By typing your name below in the signature line, you represent that you are the individual identified as the claimant/ employer at the top of this form.

Your Full Name

Your Signature

Date