



**AUTHORIZATION TO ELECTRONICALLY TRANSMIT
EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS
(FORM 5020)**

The undersigned are hereby authorized to electronically prepare and transmit the Employer's Report of Occupational Injury or Illness (Form 5020) to Keenan & Associates for submission to the State of California on behalf of:

(Organization Name)

This constitutes our "SIGNATURE ON FILE".

Primary Contact _____ Title _____

Signed _____ Date _____

E-mail _____ Phone _____ Ext. _____

Contact _____ Title _____

Signed _____ Date _____

E-mail _____ Phone _____ Ext. _____

Contact _____ Title _____

Signed _____ Date _____

E-mail _____ Phone _____ Ext. _____

To enroll, please complete this form and return by mail to:

Mr. Wess Eslinger
Keenan & Associates
2355 Crenshaw Blvd
Suite 200
Torrance, CA 90501-3325