Department of Labor and Industries
PO Box 44324
Olympia WA 98504-4324
1-800-845-2634
(360) 902-6763
TDD (360) 902-5056
FAX (360) 902-6706

REQUEST FOR PREFERRED WORKER STATUS

Do not send this request to the address on the Ability to Work Assessment form. This Preferred Worker request goes to the above address.

Worker's Name		Claim Number	
Worker Phone #	Address		
Employer of Injury (Name and Address)			Date of Injury
Last Date Worked	Job of Injury		

1. Request is made that the worker named above be certified as a Preferred Worker. Date Needed _____
2. I have determined that this worker is permanently precluded from re-employment with the employer of injury for the following reason(s):

3. The worker has permanent physical restrictions as a result of the conditions accepted under this claim. To document these restrictions, **ONE** of the following must be attached to the application.

☐ Disapproved Job Analysis (JA) for job of injury (JOI) **OR**

☐ Current PCE Summary and Vocational information which documents the JOI is disapproved.

VRC phone #	VRC ID#	SVC Provider #	Firm provider #
			Voc Firm Name
VRC Signature		Date Submitted	
VRC Name (Please print)			For L&I Use Only CPWO ☐
Address			Preferred Worker's Certification number
			Begin date
City	State	Zip+4	End date

RESET