



WORKERS' COMPENSATION COMMISSION

ATTORNEY REGISTRATION FORM

This form registers an attorney to practice before the Commission. Once registered with the Commission, an attorney MUST subscribe to WFMS Online Services. A current registration is a requirement for WFMS Online Services subscription. This form is not an application for WFMS Online Services.
NOTE: This form CANNOT be handwritten.

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Middle

Last Name

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Additional Address Info: Suite/Bldg.

City

State

Zip Code

Telephone Number

E-Mail Address

Name of law firm affiliation, if applicable:

Firm Code For Internal Use Only

