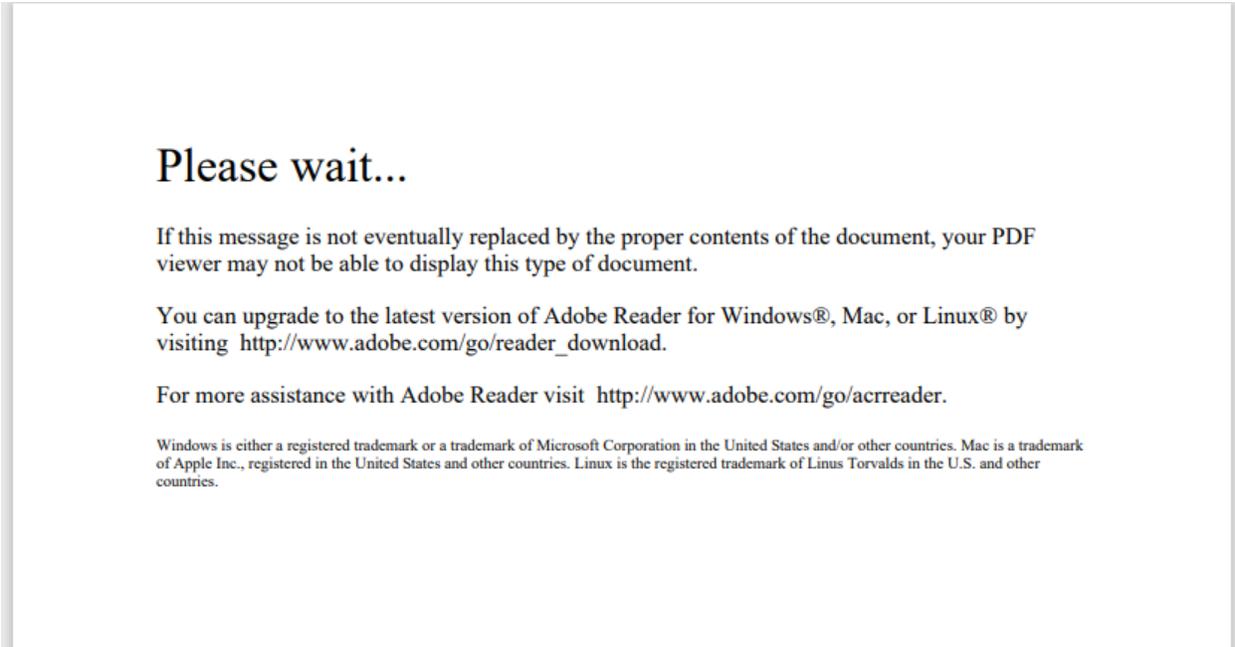
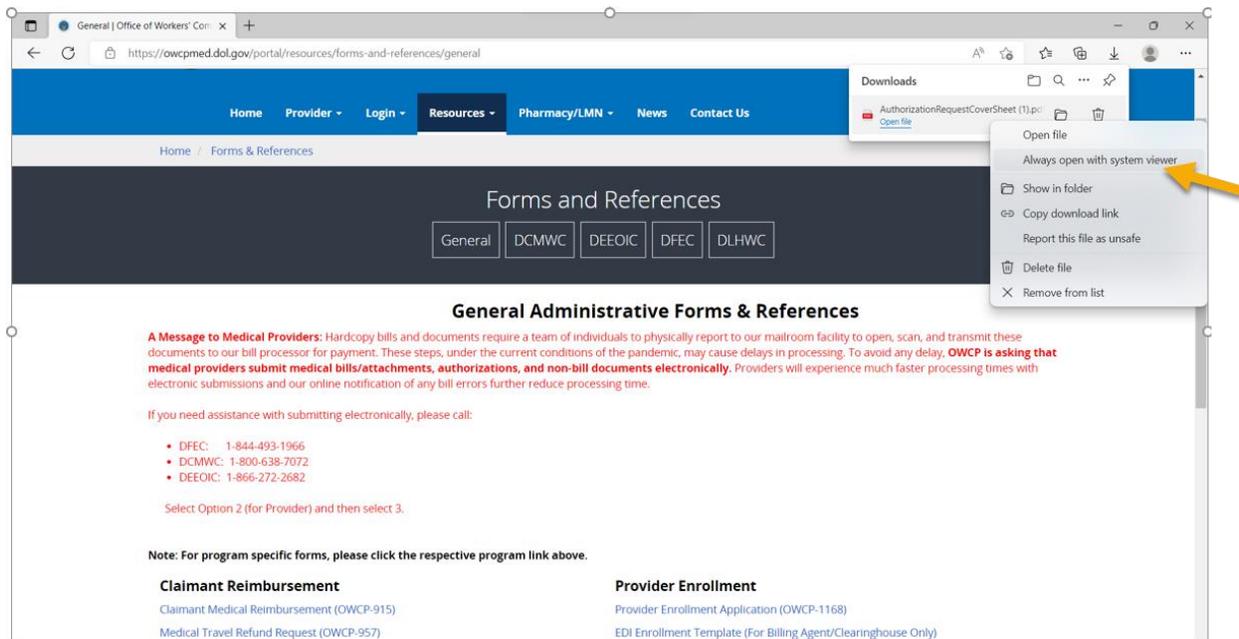


How to view PDFs using Adobe Reader:

If you are receiving the following message when accessing a link on the Forms and Reference page, then be sure to download Adobe Reader and use these troubleshooting steps to view the PDF.

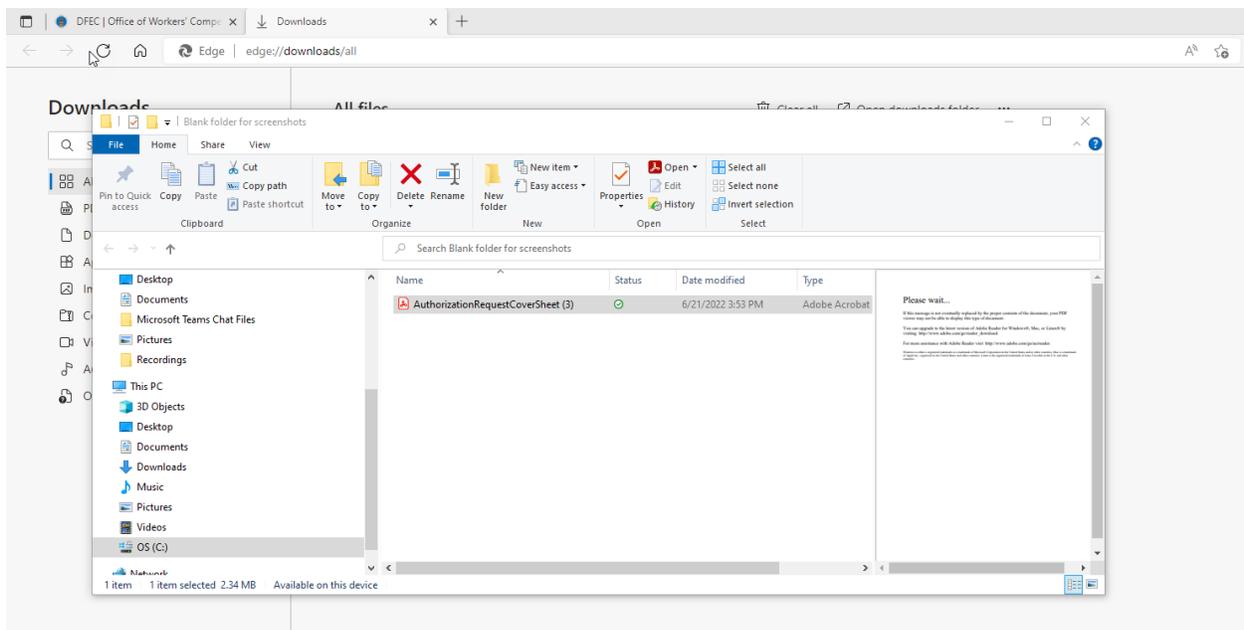
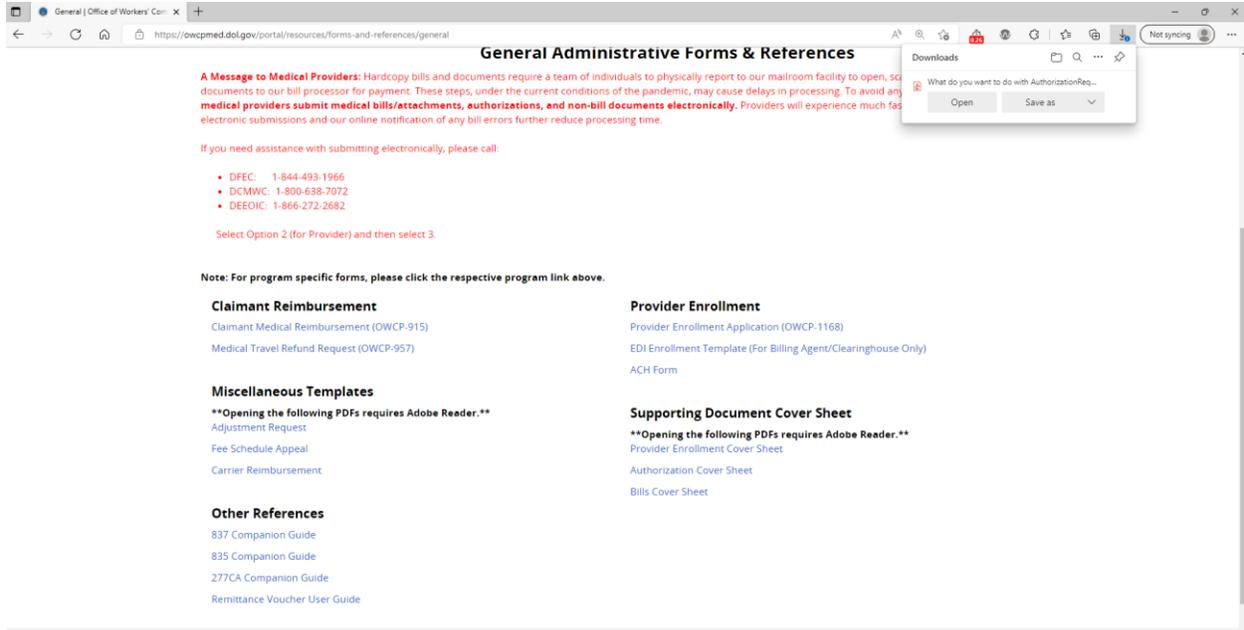


Right click on the web browser prompt on the downloaded PDF and select “Always open with systems viewer” option. This will allow you to view the PDF.



Alternative method:

Click "Save As" to save a copy to your downloads folder or to a specific folder on your computer





Office of Workers' Compensation Programs (OWCP)
Authorization Request Supporting Documents Cover Sheet

Print

Reset

Program Name:

Authorization Request Number: (10 digits)

Claimant Case ID: (min 3 and max 16 characters)

OWCP Provider ID: (9 digits)

INSTRUCTIONS (Instructions will not appear on the printed cover sheet):

To complete this cover sheet, download this file and open in Adobe Reader 9.0 or higher.

To Print, please use ONLY the 'Print' Button above.

THIS COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX/MAIL WITH ALL SUPPORTING DOCUMENTATION BEHIND THIS COVER SHEET.

DFEC	DEEOIC	DCMWC
U.S. Department of Labor OWCP/ DFEC PO Box 8300 London, KY 40742-8300 FAX to: 1- (800) 215-4901	U.S. Department of Labor OWCP/ DEEOIC PO Box 8304 London, KY 40742-8304 FAX to: 1- (800) 882-6147	U.S. Department of Labor OWCP/ DCMWC PO Box 8302 London, KY 40742-8302

Form: OWCP-PA-01