DIVISION OF WORKERS' COMPENSATION
MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
3315 West Truman Blvd.
P.O. Box 58
Jefferson City, MO 65102-0058
www.labor.mo.gov/DWC

# SENDER'S TRADING PARTNER PROFILE

## TRADING PARTNER TYPE:

- ☐ Jurisdiction
- ☐ Service Bureau
- ☐ Employer
- ☐ Claims Administrator
- ☐ Other *(specify)*_____

## MASTER TRADING PARTNER INFORMATION:

Name _____
Master FEIN _____
Physical Address _____
City _____ State _____ ZIP Code _____

Mailing Address _____
City _____ State _____ ZIP Code _____

## CONTACT INFORMATION:

**Business Contacts:**

Name _____
Title _____
Phone _____
Fax_____
E-mail _____

Name _____
Title _____
Phone _____
Fax_____
E-mail _____

Name _____
Title _____
Phone _____
Fax_____
E-mail _____

Name _____
Title _____
Phone _____
Fax_____
E-mail _____

**Technical Contacts:**

Name_____
Title_____
Phone _____
Fax _____
E-mail _____

Name_____
Title_____
Phone _____
Fax _____
E-mail _____

Name_____
Title_____
Phone _____
Fax _____
E-mail _____

Name_____
Title_____
Phone _____
Fax _____
E-mail _____