



Electronic Reporting Registration (Form 18)

70-18
rev. 07/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	<i>web.master@trsl.org</i>	(225) 925-4634

Print in ink or type all entries except signatures. This form must be completed for each workstation the employer will use to access the TRSL database.

Section 1 — Employer information

Name of employer	TRSL Employer ID (####)
P.O. box / street	
City, state, zip	

Section 2 — Staff information

Staff name #1	Telephone (include area code)
Email address	

Will access TRSL database using Internet for FTP? Yes No

IP address	_____ . _____ . _____ . _____	Network mask	_____ . _____ . _____ . _____
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Staff name #2	Telephone (include area code)
Email address	

Will access TRSL database using Internet for FTP? Yes No

IP address	_____ . _____ . _____ . _____	Network mask	_____ . _____ . _____ . _____
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Staff name #3	Telephone (include area code)
Email address	

Will access TRSL database using Internet for FTP? Yes No

IP address	_____ . _____ . _____ . _____	Network mask	_____ . _____ . _____ . _____
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Section 3 — Authorized signature

Signature of authorized employer contact person designated with TRSL ▶	Date signed (mm/dd/yyyy)
Title	Telephone (include area code)