



Employer Portal Replace Administrator Request

Employer Information

Business Name: _____

GDOL Account Number: _____

FEIN: _____

Officer/Authorized Party's Name: _____

Officer/Authorized Party's Job Title: _____

**Last Four Digits of Officer/
Authorized Party's SSN:** _____

**Officer/Authorized Party's Phone
Number:** () _____

**Officer/Authorized Party's Email
Address:** _____

Existing Administrator Information

Name: _____

Phone Number: () _____

Email Address: _____

New Administrator Information

Name: _____

Job Title: _____

Phone Number: () _____

Alternate Phone Number: () _____

Email Address: _____

The undersigned warrants he/she is authorized to execute this request on behalf of the business listed above.

Printed Name

Date

Signature

Email the completed form to EmployerPortal@gdol.ga.gov.