Ohio | Bureau of Workers' Compensation

# Application for Adjudication Hearing

Ohio Administrative Code 4123-14-06

- The employer or the employer's representative uses this form to request a decision by the Adjudicating Committee on the employer's protest that **the employer and appropriate BWC business unit has not resolved.**
- We will consider only billings being protested for collection holds. You must make current premium payments to maintain coverage during your protest.
- Mail completed form to: BWC, Legal Division, Adjudication Committee, P.O. Box 15398, Columbus, OH 43215-0398, or send a fax to 614-719-5941. Please call 614-466-6600 with questions.

| Policy number(s) | Tracking number |
|---|---|
| | |

| Employer information | | | Employer representative information | | |
|---|---|---|---|---|---|
| Name | | | Name | | |
| Telephone number ( ) | Fax number ( ) | | Telephone number ( ) | Fax number ( ) | |
| E-mail address | | | E-mail address | | |
| Street address | | | Street address | | |
| City | State | ZIP code | City | State | ZIP code |

Reason for disagreement with BWC decision on your complaint

☐ Attachments/documentation

| I certify the information provided above is true to the best of my knowledge and belief. | |
|---|---|
| Signature and title | Date |

BWC-3515 (7/23/2008)

**LEGAL-15**