

## Instructions

You may submit the completed form in one of three ways listed below.

- 1. Apply online at **<u>bwc.ohio.gov</u>**.
- 2. Fax it to 614-621-1405.
- Mail to: Attention: Employer Programs Ohio Bureau of Workers' Compensation 30 W. Spring St., 22nd Floor Columbus, OH 43215-2256

Employer information						
Name of employer and DBA			Federal Tax ID number		BWC policy number	
Address	City		•	State	ZIP code	
Telephone number		Fax number				
Email address						

## **Contact information**

Contact name	
Contact title	Contact email
Contact telephone number	Contact fax number

## Note\_

While participating in the Drug-Free Safety Program, you should verify other BWC programs that are compatible with it. You may participate in more than one BWC program. However, only certain programs may be combined in the bonus calculation. Please reference the compatibility chart found in Ohio Administrative Code 4123-17-74.

Check the program/level for which you are requesting approval.								
	Advanced level		Basic level		Comparable program	Number of employees		
· ·		'			hio construction contractor/subcontract s? (Employer wants to be listed as "approved	tor database, thereby making you eligible 1" in state construction database.)	Yes No	_

I hereby certify my organization is applying to implement a DFSP pursuant to Rule 4123-17-58 of the Ohio Administrative Code. I also certify my organization is willing to meet, at minimum, the requirements associated with the level of program for which I have applied (Advanced, Basic or Comparable). This includes timely submission of a fully completed annual report, which BWC must receive by the deadline date or be post marked by that date as specified by rule. When failing to fully implement the DFSP or meet the specified requirements, I agree to promptly repay to the BWC any DFSP bonus received. Also, I certify this information is accurate and, if not, may subject the employer applicant and myself to civil and criminal penalties.

Name of designated employer representative certifying intent to comply and willingness to pay back discounts for non-compliance.

Owner/partner; officer name	Title
Signature	Date signed
X	