

Application for Drug-Free Safety Program

Instructions

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

- 1. Apply online at ohiobwc.com
- 2. Fax it to 614-621-1405; or
- 3. 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
Our company has Internet access, and correspondence may	mpany has Internet access, and correspondence may be sent		Fax number		
to us at the email address below. Yes No					
Email address for drug-free contact person		Telephone number			
Employer contact person for Drug-Free Safety Program (DFSP)		Contact person's telephone 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 discount 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					
Do you want BWC to place you in the State of Ohio construction contractor/subcontractor database, thereby making you eligible to bid and/or work on state construction projects? (Employer wants to be listed as "approved" in state construction database.)					
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 postmarked 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 discount 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.					
Signature			Date signed		
oignature Date signed					