



Instructions

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

1. Apply online at www.bwc.ohio.gov.
2. Fax it to 614-621-1405.
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
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.	
<input type="checkbox"/> Advanced level <input type="checkbox"/> Basic level <input type="checkbox"/> 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.)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 X	Date signed