



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 614-466-6119 with questions.

Policy number(s)

Employer information			Employer representative information		
Name			Name		
Telephone number ()	Fax number ()		Telephone number ()	Fax number ()	
Email address			Email 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