

## **Application for Substance Use Prevention and Recovery Program**

## Instructions

Submit the form to BWC in one of the following ways.

Online: <u>bwc.ohio.gov</u>.
 Fax: 614-621-1405.

3. **Mail:** 

BWC Mail Processing Center Attn: Employer Programs 30 W. Spring St., 22nd Floor Columbus, OH 43215-2256

Name of employer and DBA    Federal Tax ID number   BWC policy number	Employer information				
Address   City   State   ZIP code    Telephone number   Fax number    Email address    Contact Information    Contact title   Contact email    Contact title   Contact fax number    Contact title   Contact fax number    Interest   Contact title   Contact fax number    Contact title   Contact fax number    Contact title   Contact fax number    Contact	Employer information			DMC naligy number	
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accurate and, it not, may subject the employer applicant and myself to civil and chininal penalties.					
Name of designated employer representative certifying intent to comply and willingness to pay back discounts for non-compliance.					
Owner/partner; officer name Title	Owner/partner; officer name		Title		
Signature Date signed	Signature	Data siza	ad		
V Date Signed	■ Oignature	Date sign	Date signed		