THIS APPLICATION / AFFIDAVIT MUST BE SUBMITTED TO THE OFFICE OF WORKERS' CLAIMS ANNUALLY

Kentucky Office of Workers' Claims
Attn: Drug-Free Workplace Program
657 Chamberlin Avenue
Frankfort, Kentucky 40601
502.564.5550

Part A - Type of Form (check one): New Application ☐ Renewal ☐

Part B - Applicant Information:

Drug-Free Workplace Coordinator: _____
Company Name: _____
FEIN: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____
Phone: _____
E-mail Address: _____

Number of Employees: _____ Type of business: _____

Workers' Compensation Insurance Carrier: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

To Be Completed By The Kentucky Office of Workers' Claims

Date of First Certification: __________________________
Or
Date of Re-Certification: __________________________

Approved By: __________________________
Certificate Sent By: _______ Date: ___________
Part C - Checklist:

☐ A copy of a drug-free workplace statement is given to each employee and posted in a prominent place at the place of employment;

☐ The copy notifies employees that the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or a controlled or illicit substance is prohibited in the workplace;

☐ The copy specifies the actions that will be taken against employees for violations of such prohibition;

☐ An alcohol and substance abuse education and awareness training program for all employees and supervisory personnel has been established;

☐ A program has been established that includes alcohol and drug testing;

☐ An Employee Assistance Program is provided which includes professional assessment of employee personal concerns; confidential and timely identification services with regard to employee alcohol or substance abuse; referrals to employees for appropriate diagnosis, treatment and assistance with regard to employee alcohol or substance abuse; and follow-up services for employees who participate in a drug or alcohol rehabilitation program;

☐ A drug-free workplace will be maintained throughout the workers' compensation insurance policy period;

☐ The drug-free workplace program is in compliance with all applicable federal and state laws and regulations;

☐ All of the above complies with the regulatory requirements of 803 KAR 25:280.

Part D - Copies of the following documents shall be attached to the initial application. The documents shall not be attached to renewal application unless a substantive change is made to the documents previously filed with the OWC:

☐ Drug-free workplace policy

☐ A statement identifying each alcohol and drug test that will be conducted

☐ A statement identifying the company's Employee Assistance Program

☐ A description of the alcohol and substance abuse education and awareness training program for employee and supervisory personnel

☐ A statement describing the confidentiality of the company's drug-free workplace program

☐ Documents provided to employees
Part E - Employer Certification & Affidavit:

As a duly authorized agent of the license applicant named above, I hereby certify:

(a) that the frequency and duration of each employee and supervisor training session meets the requirements of 803 KAR 25:280;

(b) that all employees and supervisory personnel have participated or will participate during the calendar year in the required alcohol and substance abuse education and awareness training; and

(c) that the information I have provided in this Application/Affidavit is true and correct to the best of my knowledge.

Signature: ________________________________

Name in Print: ______________________________
Title: ________________________________

STATE OF ________________________________
COUNTY OF ________________________________

Subscribed and sworn to before me by ________________________________
This _______ day of __________, 20____.

________________________________________
Notary Public

My Commission expires: ________________________________