

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: _____