



Licking County Chamber of Commerce
50 W. Locust Street, P.O. Box 702
Newark, OH 43058-0702
Phone:(740) 345-9757
Fax:(740) 345-5141

ENROLLMENT FORM

In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, risk management and workers' compensation in Ohio, the BWC's Division of Safety & Hygiene and your local safety council co-sponsor this program.

In signing this enrollment form, the employer makes a commitment to send representatives to the majority of safety council meetings and to submit semi-annual reports by the deadline dates.

Please Print

Enrollment Date _____

Company Name _____

Address _____

State / Zip _____

Phone Number _____ Fax Number _____

Average Number of Employees _____ Type of Work _____

E-mail Address _____

BWC Policy Number _____

Print Name _____

Signature _____

Title _____

To Be Completed by the Safety Council
Safety Council Account Number
(Must be completed before forwarding to DSH)

_____ / _____ / _____ / _____