



Mark Gordon
Governor

State of Wyoming Department of Workforce Services

DIVISION OF WORKERS' COMPENSATION
RISK MANAGEMENT
5221 Yellowstone Road
Cheyenne, Wyoming 82002
<https://dws.wyo.gov>



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Drug & Alcohol Discount Annual Application Renewal Application *without* Policy Changes

INSTRUCTIONS

- This application is intended for employers who are renewing their Drug & Alcohol Discount and have not made changes to their drug & alcohol policies within the last year.
- Please note, the Division will request a copy of the employer's drug & alcohol policy if a copy has not been provided in more than three (3) years.

EMPLOYER INFORMATION

Employer Number: Nine (9) digit Policy Number. If necessary, add zeros before the number to make it nine (9) digits.

Employer/Business Name:

Drug-Free Workplace Coordinator's Name:

Coordinator's Email:

Coordinator's Phone Number:

Employer/Business Address:

Employer/Business City:

Employer/Business State:

Employer/Business ZIP:

DRUG & ALCOHOL DISCOUNT PROGRAM

Annual Renewal Application

EMPLOYEE COVERAGE

Number of employees covered by Workers' Compensation: _____

Number of employees excluded from random drug testing: _____

Reason for excluding employees from testing: _____

EMPLOYER ATTESTATIONS

I Attest	Initial Both
This is a renewal application without any policy changes. I attest that our drug and alcohol testing has not changed since our last application date.	
I have read and understand the Drug-Free Workplace Discount Program provisions pertaining to compliance and revocation as found in the Drug and Alcohol Program Employer Discount Program, Chapter 2, Section 9(h).	

SIGNATURE

Business/Employer Name

Printed Name of Officer/Owner

Date

Officer/Owner Signature

Contact Information

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