

REQUEST FOR WORKERS' COMPENSATION & UNEMPLOYMENT INSURANCE

CERTIFICATE OF COVERAGE

<http://cogs.state.wy.us>

SEND TO:

WORKERS' SAFETY AND COMPENSATION
EMPLOYER SERVICES
5221 YELLOWSTONE RD
CHEYENNE WY 82002

WYOMING UNEMPLOYMENT TAX DIVISION
EMPLOYER SERVICES
P O BOX 2760
CASPER WY 82602

FAX # 1-307-777-5298

FAX # 1-307-235-3278

COMPANY NAME: _____

WC EMPLOYER #: _____

UI ACCOUNT #: _____

ADDRESS: _____

PHONE #: (_____) _____

PLEASE ISSUE THE CERTIFICATE TO:

CONTRACTOR: _____

ATTENTION: _____

MAILING ADDRESS: _____

RE/JOB: _____

SIGNATURE

DATE