Wyoming Department of Workforce Services

Out of State Employer Questionnaire

Email: DWS-UI-OSQ@wyo.gov (attach completed form(s) to email message)
Fax: (307) 235-3278
Mail: Unemployment Insurance Tax Division
     Attn: Registration Unit
     P.O. Box 2760
     Casper, WY  82602

Company Name (Legal Business Name): _______________________________________
Address: __________________________________________________________________
City State Zip: __________________________________________________________________
Contact Person Name: ___________________________________________________________
Phone: ____________________ Email: ____________________________________________

A physical address in Wyoming is REQUIRED – DO NOT USE your Registered Agent’s address or a PO Box. Your application cannot be processed without a valid physical Wyoming address.

1. Does your company have a Wyoming resident performing services for your company in Wyoming?
   Type of location:  □ Home  □ Office
   Address: __________________________________________________________________

2. Has your company been awarded the contract for a project in Wyoming?  Yes □  No □
   If Yes:
   □ What is the project name and location? _________________________________________
   □ Start Date: ______________________
   □ How long will this project last? ______________________
   □ How long will your company be working at this location? ______________________
   □ Is this a public works job?  Yes □  No □
   □ Will your company hire Wyoming residents to work on the project?  Yes □  No □
   □ Date of first payroll: ______________________
   □ Does your company expect to pay salaries over $10,000 per month for work performed in Wyoming?  Yes □  No □

3. Is your company the General Contractor on this project?  Yes □  No □
   (Please provide a list of all subcontractors. The list must include name, address and contact name and phone number for all subcontractors)

****You are responsible to obtain a current Certificate of Good Standing for Unemployment Insurance for each subcontractor you hire on all Wyoming jobs****
4. Provide information on all projects worked in Wyoming within the last 12 months. *(attach additional sheets if needed)*

<table>
<thead>
<tr>
<th>Project Name and Location</th>
<th>Project Start Date</th>
<th>Project End Date</th>
<th>How long was your company on the job?</th>
<th>Amount of Monthly Payroll in Wyoming</th>
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5. Is your company currently submitting bids for future projects in Wyoming? Yes ☐ No ☐

Please provide all known information about the future project. *(attach additional sheets if needed)*

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<th>Project Name and Location</th>
<th>Project Start Date</th>
<th>Project End Date</th>
<th>How long will your company be on the job?</th>
<th>Amount of Monthly Payroll in Wyoming</th>
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6. Who currently provides Workers’ Compensation Coverage for your company?

   Carrier Name or State ________________________________
   Policy or Account Number ______________________________

   Does your Policy cover ALL employees who are working in Wyoming? Yes ☐ No ☐

   If No, and you are in an industry required to have workers’ compensation coverage under Wyoming law, you will be required to obtain Wyoming Workers’ Compensation for all employees working in Wyoming who are not covered under your existing policy

   **You must provide proof of WC coverage provided by your insurance company**