



**Mark Gordon**  
Governor

# State of Wyoming Department of Workforce Services

DIVISION OF WORKERS' COMPENSATION  
RISK MANAGEMENT  
5221 Yellowstone Road  
Cheyenne, Wyoming 82002  
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Director

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Deputy Director

## 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.

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**Employer/Business Name:**

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**Drug-Free Workplace Coordinator's Name:**

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**Coordinator's Email:**

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**Coordinator's Phone Number:**

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**Employer/Business Address:**

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**Employer/Business City:**

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**Employer/Business State:**

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**Employer/Business ZIP:**

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# 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: \_\_\_\_\_

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### 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

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Printed Name of Officer/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer/Owner Signature

### Contact Information

Risk Management

Wyoming Department of Workforce Services

Workers Compensation Division

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