

Please allow three (3) business days for processing.

Important: * is required information. If this information is not included, the Division will not be able to process your request.

Requested by: (name of individual)

E-mail of requesting party:

Phone #: (do not enter dashes ex: 1234567890)

The Extension is for:

Company Name:

WC Employer #:

WC Account #:

Please issue the extension to:

(Extensions are good for 6 months except where noted)

- | | |
|--|---|
| <input type="checkbox"/> California | <input type="checkbox"/> Idaho |
| <input type="checkbox"/> Montana (except construction) | <input type="checkbox"/> Nevada (except construction) |
| <input type="checkbox"/> North Dakota | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Ohio (3 month extension) | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Utah | <input type="checkbox"/> Washington |

Please list any other state you'll be working in:

Comments:

E-mail wcesweb@state.wy.us with questions or comments regarding the information on this page.

