



Mark Gordon  
Governor

# State of Wyoming Department of Workforce Services

DIVISION OF WORKERS' COMPENSATION

RISK MANAGEMENT

5221 Yellowstone Road  
Cheyenne, Wyoming 82002  
www.wyomingworkforce.org



Robin Sessions Cooley, J.D.  
Director

Elizabeth Gagen, J.D.  
Deputy Director

## Safety Discount Annual Application Renewal Application *without* Policy Changes

### INSTRUCTIONS

- This application is intended for employers who are renewing their Safety Discount and have not made changes to their health and safety policies within the last year.
- Please note, the Division will request a copy of the employer's health and safety 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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**Office/Owner Name:**

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**Office/Owner Phone Number:**

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**Workplace Safety 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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SAFETY

**WYOMING WORKERS' COMPENSATION  
SAFETY DISCOUNT PROGRAM  
Renewal Application *without* Policy Changes**

**EMPLOYER'S APPLICATION & POLICY STATUS**

**Please Initial**

**This is a Renewal Application without policy changes:** The employer's policy does not need to be submitted, but the application must be complete. *Please note, The Division will request a copy of the employer's policy if a copy hasn't been submitted in three (3) years.*

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**DISCOUNT LEVEL**

**Choose All  
That Apply**

Tier 1: Health & Safety Program

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Tier 2: Health & Safety Committee with Monthly Safety Meetings

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Tier 3: Loss Ratio ≤ 10%

*\*This is calculated by Risk Management\**

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**EMPLOYER ATTESTATION**

<b>I attest</b>	<b>Initial</b>
The information in this application is a true and accurate representation of the employer's current safety program in which changes have not been made within the last year.	

**SIGNATURE**

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

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

\_\_\_\_\_  
Date

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

**Contact Information**

Risk Management  
Wyoming Department of Workforce Services  
Workers Compensation Division  
PO Box 20161  
Cheyenne, WY 82003  
307-777-6763  
307-777-2895 (fax)  
BusinessRisk@wyo.gov