



*Ohio Chapter*

**Fill out COMPLETELY and return it by July 31, 2017 FIRM.**

**Fax it to 330-747-6141 or e-mail attach to [sviars@nscoho.org](mailto:sviars@nscoho.org)**

**BWC Ohio Safety Council, FY-18 ENROLLMENT FORM**

In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, risk management and workers' compensation in Ohio, the BWC's Division of Safety & Hygiene and your local safety council co-sponsor this program.

**In signing this enrollment form, the employer makes a commitment to send representatives to the safety council meetings and to submit semi-annual reports by the deadline dates.**

**Enrollment Date Received NSC, Ohio Chapter** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Average Number of Employees** \_\_\_\_\_

**SIC or NAICS code** \_\_\_\_\_ **Type of Work** \_\_\_\_\_

**BWC Policy Number** \_\_\_\_\_

**Enrollment Year:** (FY-18) July 1, 2017 - June 30, 2018

**Name Print** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Name of CEO or Qualified Senior-Level Manager** \_\_\_\_\_

To Be Completed By the Safety Council

**Safety Council Account Number**

(Must be completed before forwarding to DSH) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_