

Form HS-36-A	ARKANSAS WORKERS' COMPENSATION COMMISSION	HS-36-A
Ark. Code Ann. §11-14-101 & AWCC Rule 36 Rev. 1-1-2001	HEALTH & SAFETY DIVISION 324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	

Application for Voluntary Drug-Free Workplace Program

Application Type: Initial/first time application Renewal (Approval no. _____) Termination of Participation

Company Information		
1) Company name:		2) Address:
3) City:		4) State 5) Zip:
6) FEIN:	7) SIC:	8) Effective date of drug-testing program:
9) Company contact:		10) Telephone no.: ()
11) Title:		12) e-Mail:
13) Workers' compensation insurance (WCI) status: <input type="checkbox"/> Self-insured <input type="checkbox"/> Purchase (WCI)		
14) Insurance carrier or third party administrator (TPA):		
15) Average number of employees during the most recent calendar year:		15a) Full-time: 15b) Part-time:
16) Average number of leased or temporary employees during the most recent calendar year:		
17) List leasing companies or temporary agencies used (use a separate sheet if necessary):		
1. _____ 2. _____		

Drug Testing Program					
Collection site: 18) Name:					
19) Address:					
20) City:	21) State:	22) Zip:	23) Telephone no.	24) Certification type:	25) Certification no.:
Testing Lab: 26) Name:					
27) Address:					
28) City	29) State:	30) Zip:	31) Telephone no.: ()		
Certification nos.:	32) SAMSHA	33) CAP-FUDTAP	34) Other (specify):		
DTRO: 35) Name:			36) Address:		
37) City:	38) State:	39) Zip:	40) Telephone no.: ()		
41) MRO certification no.:		42) Other qualifying certification (please attach explanation describing how this meets the Rule 36 requirements for a DTRO):			

