



Bobby Jindal
Governor

Tim Barfield
Executive Director

OFFICE OF WORKERS' COMPENSATION ADMINISTRATION

**LOUISIANA WORKFORCE COMMISSION
OSHA CONSULTATION
COST CONTAINMENT MEETING APPLICATION**

IN ORDER TO QUALIFY FOR PARTICIPATION IN THE COST CONTAINMENT PROGRAM, THE EXPERIENCE MODIFIER RATE FOR YOUR COMPANY MUST HAVE BEEN 1.50 OR HIGHER AS OF DECEMBER 31 OF THE PRIOR YEAR. THIS INFORMATION CAN BE OBTAINED FROM YOUR WORKERS' COMPENSATION INSURANCE CARRIER OR SELF-INSURED ASSOCIATION.

Date: _____

Company Name: _____

Mailing Address: _____

City, State and Zip: _____

Telephone: _____ Fax: _____

Experience Modifier Rate: _____ as of December 31 of the prior year

Name and Title of Representative: _____
(please print or type)

Representative Signature: _____

Date and location of meeting applying for: _____

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