



APPLICATION FOR LICENSE FOR DISABLED INDIVIDUALS
COMMUNITY REHABILITATION PROGRAM

INSTRUCTIONS: ALL ITEMS SHOULD BE COMPLETED

- a. This is an APPLICATION FORM ONLY used in applying for sub-minimum wage license for disabled individuals under Section 4111.06 Ohio Revised Code.
b. Two copies of this form are to be completed and signed by both the employer and the worker. The employer should send the completed form to the Ohio Department of Commerce, Division of Industrial Compliance & Labor, Bureau of Labor and Worker Safety, 6606 Tussing Road, Reynoldsburg, OH, 43068-9009 or fax to (614) 728-8639. For more information please call (614) 644-2450.
c. Please submit the enclosed production report with your application.

DATE OF APPLICATION \_\_\_\_\_

NAME OF INDIVIDUAL \_\_\_\_\_

ADDRESS OF INDIVIDUAL \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

EMAIL ADDRESS OF EMPLOYER \_\_\_\_\_

DESCRIPTION OF OCCUPATION \_\_\_\_\_

PROPOSED WAGE \_\_\_\_\_

Disabled Individual's Signature

Community Rehab Official Signature

FOR DIVISION USE ONLY:

Original Granted Date: \_\_\_\_\_

Renewal Denied Date: \_\_\_\_\_

ADDITIONAL INFORMATION REQUIRED \_\_\_\_\_

APPROVED RATE \_\_\_\_\_