



APPLICATION FOR LICENSE FOR DISABLED INDIVIDUALS REGULAR BUSINESS OR INDUSTRY

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

Employers Official Signature

FOR DIVISION USE ONLY:

Original Granted Date: _____

Renewal Denied Date: _____

ADDITIONAL INFORMATION REQUIRED _____

APPROVED RATE _____