

REQUEST FOR WORKERS' COMPENSATION and UNEMPLOYMENT INSURANCE

CERTIFICATE OF COVERAGE

EMAIL TO:

WORKERS' SAFETY AND COMPENSATION  
EMPLOYER SERVICES  
1510 EAST PERSHING BLVD  
CHEYENNE WY 82002

WYOMING UNEMPLOYMENT TAX DIVISION  
EMPLOYER SERVICES  
PO BOX 2760  
CASPER WY 82602

**dws-wccert@wyo.gov**

**theresa.maile@wyo.gov**

ONLINE: <http://cogs.state.wy.us>

COMPANY NAME/NAME: \_\_\_\_\_

FEIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: ( \_\_\_\_\_ ) \_\_\_\_\_

UI EMPLOYER # \_\_\_\_\_

WC ACCOUNT # \_\_\_\_\_

RE/JOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE ISSUE THE CERTIFICATE TO:

THIRD PARTY:

TOWN OF LOVELL

Colleen Tippetts- CLERK

PO BOX 188

Lovell, WY 82431

ctippetts@townoflovell.com

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\_\_\_\_\_

SIGNATURE

DATE