

DRUG-FREE WORKPLACE CERTIFICATION RENEWAL AFFIDAVIT FORM

KENTUCKY DEPARTMENT OF WORKERS' CLAIMS

**Please, ONLY return the attached KY Department of Workers
Claims Certification Renewal Affidavit form, along with
Certificate of Insurance within 30 days of this notice.
If not received within 30 days, your Drug Free Workplace
Certification may be revoked. Please also advise of plan
contact changes and/or change of mailing addresses.**

DRUG-FREE WORKPLACE RENEWAL AFFIDAVIT

**MUST BE SUBMITTED BY EMAIL, TO:
THE KENTUCKY DEPARTMENT OF WORKERS' CLAIMS
Email: KYWCDrugFree@ky.gov
Phone: (502) 782-4539**

As a duly authorized agent of _____, I, _____, do hereby swear and affirm with this Drug-Free Annual Renewal Affidavit that our company continues to abide by and comply with the provisions set forth in our initial drug-free workplace certification in accordance with 803 KAR 25:280 dated _____. This includes but is not limited to the following:

1. Provide a copy of the Drug-Free Workplace Statement to each employee and post the statement at a prominent place at the workplace.
2. Provide an alcohol and substance abuse education and awareness training program.
3. Notify employees of actions that will be taken against them for violations of the drug-free workplace program.
4. Provide alcohol and drug testing. The testing protocol includes breath alcohol testing and the 11-panel urine test.
5. Provide confidential and timely services through the Employee Assistance Program (EAP).
6. Maintain the drug-free workplace program in compliance with all applicable federal and state laws and regulations.
7. Provide copies of documents with this renewal application if changes or amendments have been made to the material filed with the initial application.
8. Certify compliance with the regulatory requirements of 803 KAR 25:280.
9. Attach a copy of the current workers' compensation **Certificate of Insurance**.
10. **Please email form to: KYWCDrugFree@ky.gov**

DRUG-FREE WORKPLACE CERTIFICATION RENEWAL AFFIDAVIT

Dated this _____ day of _____, 20_____.

Signature

Name in Print

Title

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me by _____

This _____ day of _____, 20_____.

Notary Public _____

My Commission expires on: _____ Notary ID No.: _____

TO BE COMPLETED BY THE KENTUCKY DEPARTMENT OF WORKERS' CLAIMS	
Approved By:	_____
Approved date:	_____
Renewal date:	_____