



Employer request for DWC safety consultation

Part 1: Employer's information

1. Date of notification letter	2. Business name		
3. Federal Employer Identification Number (FEIN)		4. North American Industry Classification System (NAICS) Code(s):	
5. Type of business		6. Phone number	
7. Mailing address (street or PO box, city, state, ZIP code)			
Workers' compensation insurance carrier:			
8. Name		9. Phone number	
10. Mailing address (street or PO box, city, state, ZIP code)			

Part 2: Employer's worksite information

11. Worksite location address (if different than above – no PO box)		
12. Contact person's name and title		
13. Phone number	14. Fax number	
15. Briefly describe operations at the identified employer's worksite(s)		
16. Consultant's signature	17. Title	18. Date

FAQ

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Who must use this form?

Texas Mutual Insurance Company (TMIC) notifies employers identified as a rejected risk and that require accident prevention services. The identified employer must complete DWC Form-104 to request consultation services from DWC.

Where do I find the date of notification letter requested in part 1, number 1?

Provide the date you received the TMIC notification letter that identified you as a rejected risk employer that requires injury prevention services.

What employer information is needed in part 2?

Use the business name and mailing address of the identified rejected risk employer. Provide phone numbers for the principal place of business and all work sites governed by the NAICS code used to identify the employer. In the type of business, indicate the primary work done by the employer (ex. commercial, transportation, warehousing, etc.). Provide the name, address, and phone number of the insurance carrier or company which carries the employer's workers' compensation coverage.

Where do I send the form?

The employer should keep a copy and send the signed original DWC Form-104 to:

- Email: aps@tdi.texas.gov
- Mail: Texas Department of Insurance,
Division of Workers' Compensation
Workplace Safety, MS-27
PO Box 12050
Austin, TX 78711-2050

Who can sign the DWC Form-104?

A signature is required from the employer's representative. The person signing for the employer must be on the employer's payroll and have authorization to sign legal documents.

Questions?

Call 1-800-252-7031, option 2, Monday through Friday, 8 a.m. to 5 p.m., Central time. Go to www.txoshcon.com to learn more about DWC's safety and health consultation program.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.