



**BUREAU OF
WORKERS' COMPENSATION**

30 W. Spring Street Columbus, Ohio 43266-0581

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Risk No. and Employer	SI
VOID	

Period Specified Below	
_____	day of _____
_____	day of _____
_____	_____

SUBS

ALSO POST on or adjacent to the certificate:

1. The contact person responsible for Workers' Compensation administration at the location
2. The title of that individual
3. The telephone number/extension at which that individual may be reached

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.