

Troy L. Wilson  
*Chairman*

Robert H. Gilliland  
*Commissioner*



Denise Engle  
*Commissioner*

Dr. Rick Farmer  
*Executive Director*

STATE OF OKLAHOMA

## **WORKERS' COMPENSATION COMMISSION**

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### **ALERT REGARDING FILING OF COMMISSION FORMS**

**To:** Workers' Compensation Insurance Carriers, Self-Insured Employers, Group Self-Insurance Associations, CompSource Oklahoma, Third-Party Administrators, Injured Workers, Attorneys, Other Interested Persons

**From:** Rick Farmer, Executive Director

**Date:** March 10, 2014

This alert is issued to inform that any **incomplete** forms will be returned to the representative for completion with a copy of the request sent to the client. Special attention should be paid to providing complete mailing addresses; the correct employer's name, such as listing the parent company as well as the dba; full employer's name, not initials; name of the leasing company, if a leased employee; and the state agency, if a department. **COMPLETE ALL INFORMATION REQUESTED ON ALL COMMISSION FORMS BEFORE FILING.**