



WTA GROUP RETRO PROGRAM

RELEASE FORM

Please print out the following form and return by fax at (253) 838-1793 or by mail to: WTA - GRRP; Attn: Merri; 930 South 336th Street, Suite B, Federal Way, WA 98003.

Name & Title:	_____
Company Name:	_____
Street Address:	_____
City/State/Zip Code:	_____
Phone:	_____
Fax:	_____
L & I Account #:	_____
UBI #:	_____

I hereby authorize WASHINGTON TRUCKING ASSOCIATIONS to obtain information about my company from the Washington State Department of Labor & Industries.

I understand that all responses will be kept strictly confidential and will be used solely to assess my potential eligibility for participation in the WTA GROUP RETROSPECTIVE RATING PLAN.

Signature

Date

Washington Trucking Associations
RETROSPECTIVE RATING PROGRAM
QUESTIONNAIRE

Company Name _____

Number of Drivers? _____ Total Number of Employees? _____

What is your DOT number? _____ Years In Business? _____

Do you have a Return to Work Program Yes _____ No _____

 If yes, what types of light duty positions do you offer? _____

 If no, do you agree to work with the WTA staff to identify possible modified work?

Do you provide kept-on-salary benefits for your injured employees? Yes _____ No _____

 If yes, for what time period do you pay full wage benefits? _____

Do you have a *published and implemented* accident prevention program?

 Yes _____ No _____

Do you conduct safety meetings? Yes _____ No _____

 If yes, do you discuss workplace injuries and transportation issues?

 Yes _____ No _____

 If yes, how often are the meetings conducted? _____

Do you have a safety committee? Yes _____ No _____

Do you have a safety incentive plan? Yes _____ No _____

 If yes, please describe the plan. _____

Thank you.