WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305



OCCUPATIONAL SAFETY AND HEALTH ACT

§21-3A-19 Optional Coverage By Subdivisions

The governing body of any county or municipality or any department, division, bureau, board, council, agency or authority of any county or municipality or any school district or special purpose district created pursuant to law may, by ordinance or other procedure, explicitly elect that some or all of its workplaces or employees shall be covered by the provisions of this article. The commissioner shall issue rules regulations and prescribe forms and procedures regarding such optional coverage. The commissioner may issue rules and regulations providing for variances from the procedural and substantive requirements of this article in the case of the optional coverage described herein.

| Name and address of the applicant (governing body, agency, authority, bu | ureau, board, council, or department): |
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| Name, title, telephone number, and email address of the applicant's auth | norized contact person: |
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| If different from the information provided above, please provide the physical applicant wishes to be covered: (Attach Additional Sheets If Needed) | address of each workplace the |
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| | |
| I have attached a certified copy of the ordinance, resolution or other w applicant to request optional coverage pursuant to the West Virginia Oct the West Virginia Division of Labor. | |
| Signature of Contact Person | Date |

Email: <u>Safety@wv.gov</u> - Fax: (304)558-2415 - Telephone: (304)558-7890 - Website: <u>labor.wv.gov</u>