



Instructions

- Please print or type.
- Make sure to enter four digits for the year in all date fields.
- **MCO rep:** Follow the distribution list at the bottom.

Injured worker name				Claim number	
Address		City		State	Nine-digit ZIP code
Description of tool or equipment	QTY	Cost	Date item loaned	Date item returned	Date item released
A					
B					
C					
D					
E					
F					
G					

I, the injured worker, understand that BWC is loaning the items above to me, and they will remain the property of BWC until released to me in writing. I understand BWC may require me to replace lost or damaged items, unless the damage is due to normal wear and tear.

The MCO representative will complete this **Release statement**, and transfer these items to me after 90 days of employment. I agree to return these items to the MCO representative if this employment is not maintained for ninety 90 days.

Loan agreement	
I have received the above described item(s) from my MCO representative.	
Injured worker signature	Date
Authorized MCO representative signature	Date

Return statement	
The above described item(s) will be returned to BWC by my MCO representative.	
Injured worker signature	Authorized MCO representative signature

MCO Release statement	
The above described item(s) as indicated by my signature and today's date were released to the injured worker because I determined the item(s) would be necessary to be used in his/her employment. The injured worker has remained employed 90 days after returning to work as a result of a rehab plan.	
Authorized MCO representative signature	Date

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative, MCO