Joint Labor Management
Substance Abuse Testing Program

Designated Representative Form

The below named individuals have been selected to act as representatives from our company for the Central Illinois Construction Trades Substance Abuse Testing Fund.

As per the Administrative Rules, we have designated two.

For reasons of confidentiality and privacy only these two individuals will handle all confidential correspondence from ScreenSafe regarding this program.

PLEASE PRINT LEGIBLY:

COMPANY NAME: (please fill in) _____

COMPANY ADDRESS _____

CITY, STATE, ZIP _____

_____	_____
Representative Name	Representative Name
_____	_____
Phone Number and Extension	Phone Number and Extension
_____	_____
Cell Phone Number	Cell Phone Number
_____	_____
Email Address	Email Address

Please return this form to ScreenSafe, Inc.
Email: Screensafe@screensafeinc.com
Fax: 815-676-2210