

APPENDIX E

AGCNWO SUBSTANCE ABUSE POLICY Employer Registration Form Please Type or PRINT CLEARLY

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

Title of Contact Person: _____

E-Mail Address: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

Billing Phone: _____ Billing Fax: _____

Signature: _____

Date: _____

Upon receipt of the Employer Registration form, Reliable Drug Testing Clinic will issue a Company Identification number to the contact person. This identification number will allow access by your company representatives to the Reliable Drug Testing Clinic website and database to check the status of building tradesmen and/or other jobsite employees with regard to the AGCNWO Program.

Return completed Employer Registration form to:

By Mail: Reliable Drug Testing Clinic
c/o Shawn Roberts
7135 Sylvania Ave., Building 2C
Sylvania, Ohio 43560

By Fax: (419) 841-5153

E-Mail: shawn@reliabledrugtest.com