

ASE-LOCAL 1 SUBSTANCE ABUSE PROGRAM

COMPANY PARTICIPATION FORM

To: Associated Steel Erectors and Ironworkers Local #1

This is to confirm that our company will participate in the ASE-Local 1 Substance Abuse Program that took effect January 1, 2007.

The following individual will serve as the Designated Employer Representative for our company:

Name _____ Title _____

Phone _____ Fax _____

E-Mail _____

As of this date our company has _____ employees (attach list of names & social security numbers).

We understand that all Ironworkers employed by our company in the Local 1 jurisdiction are automatically covered by the Program and will receive an Initial Test within 30 days from the date the Third Party Administrator (Bensinger-Dupont & Associates) confirms our participation in the Program and sends instructions and forms to the Designated Employer Representative listed above.

Company _____

Address _____

By (signature) _____ Title _____

Name (printed) _____ Date _____

Mail or fax the completed form and a list of Iron Worker Employees (and Social Security #s) to:
Associated Steel Erectors, 119 E. Van Buren St., Elmhurst, IL 60126
(Phone 630-530-7560) Fax: 630-530-2756