



CONTRACTOR REGISTRATION FORM

The below named Contractors will be part of the Roofing Industry Drug-Free Workplace Program.

Please print legibly:

Company Name

Company address

Company City/State/Zip Code

Company President/Safety Director

Company Phone Number

Company Fax Number

Company Email Address

Local Union Jurisdiction Company is based in

Type of Contractor i.e. Electrical, Roofing, Sheet Metal etc.

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