



FORM TO DESIGNATE REPRESENTATIVES

The below named individuals have been selected to act as representatives from our company for the Roofing Industry Drug-Free Workplace Program.

As per the Administrative Rules, we have designated two representatives.

For reasons of confidentiality and privacy only these two individuals will handle all confidential correspondence from ScreenSafe in regards to 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

Fax Number

Fax Number

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