

Washington Construction Industry Substance Abuse Program

P.O. Box 34248 • Seattle, Washington 98124-1248
Phone (206) 441-2990 or Toll Free (866) 842-9223 • Fax (206) 441-3009

Administered by CleanWorkForce

Employer Participation/Compliance Agreement & Designated Employer Representative(s) Form

For: Bargaining Unit Employees Non-Bargaining Unit Employees

I hereby acknowledge participation in the Washington Construction Industry Substance Abuse Program (WCISAP) and agree to the funding requirements under Section 6 of the Plan Document. I understand that I must provide sixty (60) days written notice prior to terminating our participation in the WCISAP.

I authorize **CleanWorkForce** to contact the Designated Employer Representative(s), listed below, regarding issues relative to the WCISAP. I understand that in the absence of the Designated Employer Representative(s) listed below, I will be contacted regarding any issues associated with the WCISAP. We are signatory to:

- Carpenters Cement Masons Local 528 Laborers UA Local 32 Plumbers & Pipefitters Glaziers Local 188
 Commercial
 Residential
 In-shop/Production

Employer: _____

Authorized by: _____
(Company Official only, please)

Phone: _____

Title: _____
(please print)

Fax: _____

Signature: _____

Effective Date: _____

Employer Address: _____
(street) (city) (state) (zip + 4 code)

Primary responsibilities of Designated Employer Representatives (DERs) are:

- contact for confidential and sensitive information, e.g., notification of employees who are out of compliance
- receipt of Notices of Random Selection and their discreet and timely delivery to employees
- verification of new employee compliance status

Please note: Notices of Random Selection will be sent to your firm via e-mail unless you request otherwise.

If you wish to limit any individuals in your firm to specific responsibilities, for example, verifying new employees' compliance status only, you may indicate their levels of authority by checking each applicable authorization box next to their names.

Designated Employer Representative: _____ (please print) Confidential Contact Phone: _____
 Random Notification Fax: _____
 Verify Compliance Status Email: _____

Designated Employer Representative: _____ (please print) Confidential Contact Phone: _____
 Random Notification Fax: _____
 Verify Compliance Status Email: _____

Please list additional DERs on the following page and duplicate if necessary.

When complete, please return to: CleanWorkForce Fax: (206) 441-3009
P.O. Box 34248, Seattle, WA 98124-1248 E-mail: cwf@ cleanworkforce.com

Additional Employer Representatives for: _____
(please print company name)

Page _____

Authorized by: _____

Designated Employer Representative: _____
(please print) Confidential Contact Phone: _____
 Random Notification Fax: _____
 Verify Compliance Status Email: _____

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