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IMPACT DRUG-FREE WORKFORCE PROGRAM

Company Registration and Designated Representative (DR) Form

Company Name

Job/Project

Contact

Email Address

Company Billing Address

Phone#

City, State, Zip Code

Fax#

Local Union (s)

Date

DESIGNATED REPRESENTATIVE (DR)

Each customer or company must designate two or more individuals within their group to represent the IMPACT Substance Abuse Program. The responsibilities of the DR are as follows:

1. Main point of contact that works directly with third party administrator (TPA) to coordinate testing and receive all confidential information regarding participant test results.
2. Authorize Member testing using the database to create Test Authorization forms and view drug testing reports
3. To assure that anyone working on a Drug Free project meets the eligibility requirements.
4. To establish secure measures to ensure that confidential information cannot be obtained by any unauthorized person.
5. May not disclose any confidential information to any other party without specific written consent of participant.

Company Authorized Representative assigning DR

Signature

Name of DR #1 / Title

Phone number and email address
(email address must be unique)

Name of DR #2 / Title

Phone number and email address
(email address must be unique)

Please email to: sap@impact-net.org or fax to: 202-393-1148