



American Substance Abuse Professional Drug Solutions, Inc.

Corporate Office: 757 Pacific Avenue, Long Beach, CA 90813
Tel.: (562) 624-2720 Toll Free: (866) 699-ASAP (2727)

Regional Office: 1619 Center St., Deer Park, TX 77536
Tel.: (281) 479-2731 Toll Free: (877) 877-8758

North American Substance Abuse Program (NASAP) AUTHORIZATION & CONSENT/NEW EMPLOYEE MEMBERSHIP FORM

1- Company Name: _____ 2 - Company Account #: _____ 3- P.O. # (If applicable): _____

4- Employee First Name _____ 5- M.I. _____ 6- Last Name _____

7- Social Security #: _____ 8- Date of Birth (mm/dd/yyyy) _____ 9- Employee Telephone #: _____

10- Employee Address: _____
(Optional) Street _____

City _____ State _____ ZipCode _____

Contractor Representative/CER MUST FAX THIS FORM IMMEDIATELY TO ASAP Drug Solutions, Inc. (562) 628-9396

Primary Collection Site Name: _____ City: _____ Code: _____

AUTHORIZATION FOR RELEASE OF TEST RESULTS AND EVENT RECORD INFORMATION

I acknowledge that the NASAP policy was made available to me. I authorize the Third Party Administrators approved to administer the North American Substance Abuse Program (NASAP) to disclose my drug and alcohol test results to the Participating Contractor that required me to take the drug and alcohol test. I also authorize the NASAP-approved Third Party Administrators to disclose a summarized event record of my drug and alcohol test to the Houston Area Safety Council (HASC) and I understand that this information may affect my status as Active or Inactive in NASAP. I further authorize HASC and the NASAP-approved Third Party Administrators to disclose information about my status as Active or Inactive, my eligibility for membership in NASAP, and/or my eligibility to enter onto Participating Owners' sites to Participating Contractors and to those Participating Owners on whose sites I seek to work or am currently working.

I understand that this Authorization will expire five (5) years from the last date of my Active status in the NASAP and that I have a right to a copy of this Authorization.

Applicant/Contractor Employee Member Name _____ Signature _____

Applicant/Contractor Employee NASAP Identification Number (Social Security Number) _____

Date _____