



EMPLOYER CONFIDENTIAL INFORMATION SHEET

Please check the policy or service for which you are being designated as the DER/CER

ASAPCC LACC NASAP Background Check

Do you have internet access? Yes No

EMPLOYER INFORMATION

Name:

Address: Street City State Zip

Mailing Address: (If different) Street City State Zip

How were you introduced to HASAP/ASAPCC services?

Estimated number of employees who will be enrolled in this program:

Primary DER: Mr./Ms. Last First M.I. Date of Birth (mm/dd/yyyy): Mother's Maiden Name:

Title: Program Administrator Other

Tel. #: Secure Fax #: Secure E-mail: (Confidential information will be transmitted to the Secure Fax #)

Please indicate how the randoms are to be transmitted: Via Secure Fax Via Secure E-mail

Receipt of random notices/results via fax or email to backup DER? Yes No

Secondary DER: Date of Birth (mm/dd/yyyy): Mother's Maiden Name:

Title: Secure Email/Fax:

BILLING INFORMATION (Please indicate how billing invoices are to be transmitted: Email Regular Mail)

INVOICE ATTN: BILLING TEL. #:

BILLING ADDRESS: BILLING SECURE FAX #:

City, State, Zip: Email Address:

Would you like to assign Work Locations? If yes please list work locations below:

- 1) 2) 3) 4) 5) 6) 7) 8) 9) 10)

CONTRACTOR REPRESENTATIVE (DER) SIGNATURE

Employer Representative Signature Date Print Name of Representative

Comments/Special Instructions:

OFFICE USE ONLY: Program Start Date: EMPLOYER ID#: Account Sign-up Fee: Alcohol Administration Fee: General Administration Fee:

ASAP/OSCA Contact Information: Tel: 866-699-2727 Email: Info@asapdrugsolutions.com