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(914) 593-0300 Ph.
(914) 347-4901 Fax
www.claritytesting.com

THE PLUMBING ALLIANCE OF NEW YORK CITY, INC. CONSORTIUM

Designated Employee Representative (DER)
Drug and Alcohol Testing

Company Name: _____

Company Address: _____

Preferred Method of Reporting Results (please check one)

Email ☐ Fax (call before faxing) ☐ Fax (no call necessary) ☐

Contacts for Drug and Alcohol Testing Results

(results will ONLY go to the names below)
(please include TWO individuals)

Primary Contact: _____

Phone: _____

Fax: _____

Cell: _____

E-mail: _____

Alternate Contact: _____

Phone: _____

Fax: _____

Cell: _____

E-mail: _____

****

Sign: _____ Date: _____

Print Name : _____