

Form to Designate Representatives

The below named individuals have been selected to act as representatives from our company for the Electrical Industry Drug Free Workplace Program.

As per the Administrative Rules, we have designated two representatives.

For reasons of confidentiality and privacy only these two individuals will handle all confidential correspondence from BeneSys, Inc in regard to this program.

Please print legibly.

COMPANY NAME: _____

COMPANY ADDRESS: _____

Primary Representative's Name

Secondary Representative's Name

Phone number and extension

Phone number and extension

Email address

Email address

Fax number

Fax number

**Please return this form in the envelope provided, email back to dfwp@benesys.com,
or fax back to 503-228-0149, attention: Drug Free Client Services**