# M.U.S.T. Safety Program Application

**1.** Company/Organization Name: _____

Address: _____

City _____State _____ Zip Code _____

**2.** Does your company/organization employ craft workers? Yes No

If yes, please list all crafts and contracts to which your company is signatory.

_____

_____

If yes, please list any Labor Management Funds that you contribute into for drug testing and safety training awareness.
(This may entitle your company for coverage or reimbursement for Drug Testing and/or Safety Training for Craft Persons on behalf of your company/organization that funds have been contributed)

_____

_____

**3.** Does your company/organization belong to a contractor's association? Yes No

If yes, please provide name of association

_____

**4.** ***Please classify your company/organization***

| | | | | | |
|---|---|---|---|---|---|
| Contractor | _____ | Contractor Association | _____ | Owner | _____ |
| Design Professional | _____ | Labor Organization | _____ | Public/Municipal Organization | _____ |
| M.U.S.T. Member | _____ | | | | |

**5.** Requested Participation Date: _____

## 6. RESPONSIBLE PERSON REGISTRATION

*Note: Each Organization to appoint the following positions/responsibilities. The responsible person can hold multiple responsibilities if designated by the organization.*

*****All fields below must be filled out completely.*****

### Primary Contact

*Note: Primary Contact is the designated individual responsible for administering the M.U.S.T. Safety Program on behalf of the organization. He/She will register employees in the program, complete the online Authorization for sending an employee for a Drug Test, modify site location of employees, delete employees who are no longer with the employer and be the Primary contact responsible for handling confidential information from the Medical Review Officer.*

Name _____ Social Security # _____

Position with Company _____ Email: _____

Phone # _____ Fax #_____

### Secondary Contact

*Note: Secondary Contact is also a designated individual responsible for administering the M.U.S.T Safety Program on behalf of the organization. He/She will register employees in the program, complete the online Authorization for sending an employee for a Drug Test, modify site location of employees, delete employees who are no longer with the employer and is considered a second contact (if the Primary is not available) responsible for handling confidential information from the Medical Review Officer.*

Name _____ Social Security # _____

Position with Company _____Email: _____

Phone # _____ Fax # _____

### Report Manager

*Note: Report Manager is a designated individual responsible for running reports. He/She will register employees in the program, complete the online Authorization for sending an employee for a Drug Test, update employee site locations and delete employees who are no longer with the employer. Please use another sheet if you would like to authorize additional Report Managers to your account.*

Name _____ Social Security # _____

Position with Company _____ Email: _____

Phone # _____ Fax #_____

**Billing Contact**

*Note: Billing Contact is the designated individual responsible to receive and answer billing inquiries.*

Name _____ Social Security # _____

Position with Company _____ Email: _____

Phone # _____ Fax #_____

Address (if different from Company address) _____

**7.** The following is agreed to by the undersigned:

a) To comply fully with the policies and procedures set forth in the M.U.S.T. Drug and Alcohol Screening Program and any revisions.
b) To comply fully with the policies and procedures set forth in the M.U.S.T. Safety Awareness Program and any revisions.
c) To accept legal responsibility for the payment of drug and alcohol testing and safety training in accordance with the procedures and pricing established by M.U.S.T. and agrees that M.U.S.T. and/or its designated vendors/agents may pursue collection of these amounts; and that the current pricing for these services set forth on the attached Exhibit A may be subject to change from time to time and we accept responsibility for payment of any revised prices.
d) Acceptance of this application from a contractor performing craftwork is based on the contractor being signatory to an applicable collective bargaining agreement. If at any time this relationship changes, your rights to the M.U.S.T. system will be revoked.

**By signing below, we agree to abide by the terms as a Participant in the M.U.S.T. Program.**

Signature: _____ Date: _____

Print Name: _____

On Behalf Of: _____
(Company or Organization)

| | |
|---|---|
| Mail to: | M.U.S.T.<br>811 N. Main, Suite 201<br>Royal Oak MI 48067 |
| | or |
| Fax to: | (248) 352-9814 |

## MUST Office Use Only

| | | | | Contact Person |
|---|---|---|---|---|
| Signatory To: | | | | |
| Contributes Funds For Safety Training: | | | | |
| Contributes Funds For Drug Testing: | | | | |
| Current With Fringe Benefits | Yes | No | | |
| Proctoring Required | Yes | No | | |
| Employees Confirmed | Yes | No | | |

Date Portal Opened: _____

MUST Signature: _____ Date: _____

Revision 6 (June09)