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PLUMBING FOUNDATION CITY OF NEW YORK CONSORTIUM
Designated Employee Representative (DER)
Drug and Alcohol Testing

Company Name: _____

Company Address: _____

Company Mailing Address: _____

(In order to take the drug test to get into the Plumbing Foundation we need to mail you forms – please provide a mailing address that can receive **UPS**. The forms cannot be e-mailed or faxed. Someone must be there to receive them unless they are going to a residence. If your mailing address is a PO Box it will be sent USPS and will not get to you as fast)

Preferred Method of Reporting Results (please check one)

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

Contacts for Drug and Alcohol Testing Results

Primary Contact: _____
Phone: _____
Fax: _____
Cell: _____
E-mail: _____

Alternate Contact: _____
Phone: _____
Fax: _____
Cell: _____
E-mail: _____

Sign: _____ Date: _____

Print Name : _____