



American Substance Abuse Professional Drug Solutions

455 E. Carson Plaza Dr., Carson, CA 90746
Phone # (562) 624-2720 Fax # (562) 624-2724

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 NASAP/ASAPCC services?

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

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

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) _____ 3) _____ 5) _____ 7) _____ 9) _____
2) _____ 4) _____ 6) _____ 8) _____ 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