



NW Ohio GLCA Substance Abuse Policy

Employer Registration Form Please Type or PRINT CLEARLY

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

Title of Contact Person: _____

E-Mail Address: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

Number of Employees to be tested by MOST: _____

Permanent or Temporary MOST site: _____

Signature: _____

Date: _____

Upon receipt of the Employer Registration form, MOST will issue a Company Identification number to the contact person. This identification number will allow access by your company representatives to the MOST database to check the status of building tradesmen and/or other jobsite employees with regard to the NW Ohio Great Lakes Construction Alliance Program.

Return completed Employer Registration form to:

By Mail: MOST / NW Ohio GLCA
Attn: Smitty Minton
753 State Ave., Ste 800
Kansas City, KS 66101

By Fax: (913) 281-3922

By Email: sminton@mostprograms.com