

Sheet Metal
Northwest
Anti-Drug
Program

SNAP is administered by Drug Free Business
 800-598-3437 or snap@drugfreebusiness.org
 Out-of-Area & Special Non-Signatory
 Contractor Registration Form

Company Name: _____

Address: _____

City/ST/Zip: _____

Annual Fee Payment: \$500 per calendar year

Designated Employer Representative (DER) Information: Submit all 6 items.

1. First Name: _____ 2. Last Name: _____

3. Social Security Number (SS#): _____

4. Phone: _____ 5. Email: _____

5. Specify: non-bargaining employee out-of-area bargaining worker

6. Annual Fee Payment: \$100 per calendar year

Other Employee Information: Submit all information for each person:

First Name	Last Name	SS#	Type:
_____	_____	_____	<input type="checkbox"/> non-barg <input type="checkbox"/> out-of-area barg
_____	_____	_____	<input type="checkbox"/> non-barg <input type="checkbox"/> out-of-area barg
_____	_____	_____	<input type="checkbox"/> non-barg <input type="checkbox"/> out-of-area barg
_____	_____	_____	<input type="checkbox"/> non-barg <input type="checkbox"/> out-of-area barg

Note: Do NOT submit information for IN-area bargaining workers.

6. Annual Fee Payment: \$100 per person per calendar year