

**S**heet Metal  
**N**orthwest  
**A**nti-Drug  
**P**rogram

SNAP is administered by Drug Free Business  
800-598-3437 or [snap@drugfreebusiness.org](mailto: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