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ABOUT YOUR COMPANY

Name:	
Address:	
City:	State & Zip Code:
Telephone:	Fax:
Number of Employees:	
Owner or Contracting Manager:	

DESIGNATED EMPLOYER REPRESENTATIVE (DER)

Name:	Position:
Work Address: (If different)	
City:	State & Zip Code:
Telephone/ During work Hrs:	Fax:
Emergency Telephone/ After work Hrs:	Email:

SECONDARY DESIGNATED EMPLOYER REPRESENTATIVE (DER)

Name:	Position:
Work Address: (If different)	
City:	State & Zip Code:
Telephone/ During work Hrs:	Fax:
Emergency Telephone/ After work Hrs:	Email: