

**Construction Industry Substance Abuse Program (CISAP)
Employer Representative
Appointment Form**

Employer: _____
 Address: _____
 City, State, Zip: _____

PLEASE PRINT or TYPE:

Employee Representatives	Title	Office Phone (extension)	Fax Number	E-Mail (if any)

I want all results reported via:

- Phone Is your Voicemail secure to leave a message on?: Yes No
 Fax Is your fax machine secure or should we call first?: Secure Call
 E-Mail Is your E mail Secure? Yes No

Additional Reporting Instructions:

Signed: _____

Printed Name: _____

Date: _____

Please fax this form to 913-312-5406 Attn: Katye West