



Additional Employer Representatives for: \_\_\_\_\_  
(please print company name)

Page \_\_\_\_\_

Authorized by: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_ (please print)  Full Authority, or  
 Contact Person Phone: \_\_\_\_\_  
 Random Notification Fax: \_\_\_\_\_  
 Verify Compliance Status Email: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_ (please print)  Full Authority, or  
 Contact Person Phone: \_\_\_\_\_  
 Random Notification Fax: \_\_\_\_\_  
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