M.U.S.T. Safety Program Application

1. Company/Organization Name: __________________________________________
   Address: _____________________________________________________________
   City __________________________State _______ Zip Code _______________

2. Does your company/organization employ craft workers?  Yes  No
   If yes, please list all crafts and contracts to which your company is signatory.
   ___________________________________________________________________
   ___________________________________________________________________

   If yes, please list any Labor Management Funds that you contribute into for drug testing and safety training awareness.
   (This may entitle your company for coverage or reimbursement for Drug Testing and/or Safety Training for Craft Persons on behalf of your company/organization that funds have been contributed)
   ___________________________________________________________________
   ___________________________________________________________________

3. Does your company/organization belong to a contractor’s association?  Yes  No
   If yes, please provide name of association
   ___________________________________________________________________

4. Please classify your company/organization

   Contractor _______  Contractor Association _______  Owner _______
   Design Professional _______  Labor Organization _______  Public/Municipal Organization _______
   M.U.S.T. Member _______

5. Requested Participation Date: ________________
6. RESPONSIBLE PERSON REGISTRATION

Note: Each Organization to appoint the following positions/responsibilities. The responsible person can hold multiple responsibilities if designated by the organization.

**All fields below must be filled out completely.**

Primary Contact

Note: Primary Contact is the designated individual responsible for administering the M.U.S.T. Safety Program on behalf of the organization. He/She will register employees in the program, complete the online Authorization for sending an employee for a Drug Test, modify site location of employees, delete employees who are no longer with the employer and be the Primary contact responsible for handling confidential information from the Medical Review Officer.

Name __________________________ Social Security # __________________________

Position with Company __________________________ Email: __________________________

Phone # __________________________ Fax # __________________________

Secondary Contact

Note: Secondary Contact is also a designated individual responsible for administering the M.U.S.T Safety Program on behalf of the organization. He/She will register employees in the program, complete the online Authorization for sending an employee for a Drug Test, modify site location of employees, delete employees who are no longer with the employer and is considered a second contact (if the Primary is not available) responsible for handling confidential information from the Medical Review Officer.

Name __________________________ Social Security # __________________________

Position with Company __________________________ Email: __________________________

Phone # __________________________ Fax # __________________________

Report Manager

Note: Report Manager is a designated individual responsible for running reports. He/She will register employees in the program, complete the online Authorization for sending an employee for a Drug Test, update employee site locations and delete employees who are no longer with the employer. Please use another sheet if you would like to authorize additional Report Managers to your account.

Name __________________________ Social Security # __________________________

Position with Company __________________________ Email: __________________________

Phone # __________________________ Fax # __________________________
Billing Contact

Note: Billing Contact is the designated individual responsible to receive and answer billing inquiries.

Name ____________________________ Social Security # ____________________________

Position with Company ___________________________ Email: __________________________

Phone # ___________________________ Fax # ____________________________

Address (if different from Company address) ____________________________

7. The following is agreed to by the undersigned:

   a) To comply fully with the policies and procedures set forth in the M.U.S.T. Drug and Alcohol Screening Program and any revisions.
   b) To comply fully with the policies and procedures set forth in the M.U.S.T. Safety Awareness Program and any revisions.
   c) To accept legal responsibility for the payment of drug and alcohol testing and safety training in accordance with the procedures and pricing established by M.U.S.T. and agrees that M.U.S.T. and/or its designated vendors/agents may pursue collection of these amounts; and that the current pricing for these services set forth on the attached Exhibit A may be subject to change from time to time and we accept responsibility for payment of any revised prices.
   d) Acceptance of this application from a contractor performing craftwork is based on the contractor being signatory to an applicable collective bargaining agreement. If at any time this relationship changes, your rights to the M.U.S.T. system will be revoked.

By signing below, we agree to abide by the terms as a Participant in the M.U.S.T. Program.

Signature: ___________________________ Date: __________________

Print Name: ___________________________

On Behalf Of: ___________________________

(Company or Organization)

Mail to: M.U.S.T.
811 N. Main, Suite 201
Royal Oak MI 48067

or

Fax to: (248) 352-9814
### MUST Office Use Only

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<th>Signatory To:</th>
<th>Contact Person</th>
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<th>Contributes Funds For Safety Training:</th>
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<td>Contributes Funds For Drug Testing:</td>
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<td>Current With Fringe Benefits</td>
<td>Yes  No</td>
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<td>Proctoring Required</td>
<td>Yes  No</td>
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<td>Employees Confirmed</td>
<td>Yes  No</td>
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Date Portal Opened: __________________________

MUST Signature: _____________________________  Date: ________________________

Revision 6 (June09)