

<b>BCBCBTU</b>	<b>CLC</b>
This document has been approved for use under the Substance Abuse Testing and Treatment Program Policy which is jointly administered by the Bargaining Council of BC Building Trade Unions and Construction Labour Relations Association of BC.	

<b>Form B</b>
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# **CDS Drug Testing Services of BC, Inc.**

## **CONSTRUCTION INDUSTRY OF BRITISH COLUMBIA SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY EMPLOYER/UNION REGISTRATION**

Employer/Union Legal Name ("the Organization") \_\_\_\_\_

Street Address \_\_\_\_\_  
NO PO BOX

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

CDS will bill weekly for all tests performed during the prior week. Except where the Organization is a union, the Organization agrees to: (1) pay CDS for each test or other service ordered from CDS, in accordance with CDS' Drug and Alcohol Test Fee Schedule, (2) pay all invoices within thirty (30) days after the invoice date, without regard to reimbursement from any fund, (3) pay a SERVICE CHARGE of 1 ½ % per month for any invoice not paid within thirty (30) days of the invoice date, (4) pay CDS' reasonable attorney's fees and costs incurred in the collection of any unpaid invoices.

### **DESIGNATION OF COMMUNICATORS**

I am an authorized representative of: \_\_\_\_\_ which is hereinafter referred to as "the Organization".

The Organization is bound by the Construction Industry of British Columbia Substance Abuse Testing and Treatment Program Policy ("the Policy").

The Organization hereby designates \_\_\_\_\_ as the primary Communicator as defined in Article 2.01(e) of the Policy. In the event that the primary Communicator is unavailable, the Organization designates \_\_\_\_\_ to act as the alternative Communicator in his/her absence. For the purpose of this Designation, the primary and alternative Communicators are referred to collectively as "the Designees".

Subject to the Designees' respective execution of a Confidentiality Agreement in Form C, the Organization authorizes the Designees to act in fulfillment of the role of the Communicator in accordance with the provisions of the Policy.

Subject to the Designees' execution of a Confidentiality Agreement in Form C, the Organization authorizes CDS Drug Testing Services of BC, Inc. ("the Administrator") to engage in the exchange of information with the Designees in accordance with the Designees' role as Communicators as set out in the Policy.

**Name of Authorized Representative of the Organization (print):** \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(DD/MM/YY)

<b>For CDS use only</b>
Received _____ Client # _____

**Please Fax To: 604-522-2694**