

Application and Questionnaire – page 2

If your answer is yes to either of two previous questions, please explain.

Are you signed to the District Council's IMPACT Drug & Alcohol Policy? Yes No
(If yes, when?) Date: _____

Have there been any formal grievances or informal problems in the Yes No
implementation of the IMPACT Drug & Alcohol Policy? (If yes, explain)

Have you had any fatalities within the past 2 years? (If yes, explain) Yes No

Have you had any lost time injuries in the last 2 years? (If yes, explain) Yes No

Are you been complying with Section 21 of the Agreement Yes No
by providing Letters of Evidence and submitting prevailing
wage survey information to the trust office?

I declare under penalty of perjury under the laws of the State of California that my
answers to the above questions are true and correct.

Executed on _____, 20__ at _____, California

Signature _____

Please complete and Email or Fax this application to:

**C. Richard Greenhagen, Program Administrator
Ironworkers Workers' Compensation Program
District Council of Iron Workers**

Email: iwwcprichard@gmail.com Fax number: (866) 322-2044