

Application and Questionnaire

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

Have 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 Mail, Email or Fax this application to:

Richard Greenhagen, ADR Program Administrator
2120 Foothill Blvd., Suite 100, La Verne, CA 91750
Email: richard.greenhagen@ironworkerbenny.net
Office: (626) 356-3051 Fax: (866) 322-2044