



## CONTRACTOR DATABASE REGISTRATION REQUEST FORM

Thank you for your interest in FirstEnergy’s contractor qualification database. Please complete the information below so we can generate your unique username and password. With this access, you will be able to quickly determine if your employees have met the requirements to work at FirstEnergy locations.

**Company** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Password (8 Character min)** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Role:**                       Contractor Rep               FE Rep               FE Security

**Comments:** \_\_\_\_\_

**NOTE:** Each customer or contractor must designate a person(s) within their group to represent the Substance Abuse Program and act as the Designated Employer Representative (DER). The first registration request form for each contractor shall include the completion of the lower section of this form.

Once this registration is completed and submitted, the individual will receive an email that contains their username and password as well as a link to the database.

**The responsibilities of the DER are as follows:**

1. To assure that anyone working on a “DRUG FREE” project meets eligibility.
2. To receive all confidential information regarding a participant testing positive while employed by your company.
3. To establish secure measures to ensure that confidential information cannot be obtained by any unauthorized person.
4. May not disclose any confidential information to any other party without specific written consent of participant.
5. To remove any employee testing positive from a “DRUG FREE” job site.

### Please complete the items below:

The individuals listed below will be the only company representatives that will receive employees’ test results that are Non-negative.

|                              | Primary DER | Secondary DER |
|------------------------------|-------------|---------------|
| <b>Name:</b>                 |             |               |
| <b>Title/Position:</b>       |             |               |
| <b>Last 5 digits of SSN:</b> |             |               |
| <b>Contact Phone #:</b>      |             |               |
| <b>Email Address:</b>        |             |               |
| <b>Signature:</b>            |             |               |

Please submit the completed registration form to: [FieldServices@firstenergycorp.com](mailto:FieldServices@firstenergycorp.com)