

**New Contractor – Request for Information Form**

Please fill out form and email to [info@nssr.ca](mailto:info@nssr.ca)

<b>Company Name:</b>	
Company Mailing Address:	
On Site Supervisor:	

**Manager** able to receive test results. (usually HR)

Name:	
Phone number:	
Email:	

**Accounts Payable Employee** we send invoices & receipts

Name:	
Phone number:	
Email:	

**HR employee/manager** for an active employee list.

We require this information only if you are a contractor included in the random pool.

Name:	
Phone number:	
Email:	

**Drug & Alcohol Program Administrator**

**NorthStream Safety & Rehab**

If you have any questions please email [info@nssr.ca](mailto:info@nssr.ca)