



The Maritime Consortium, Inc.

Company Update Information Form

It is the Member Company's responsibility to ensure that current mailing address; phone and fax numbers; and email addresses are provided to Maritime. This information will be used in the event that Maritime has a need to contact the Member Company at any time throughout the membership term. This includes and is primarily pertinent to the transmission of information regarding random selection for drug testing.

**Please complete and return to Maritime by FAX 1-800-764-2350 or MAIL TO:
The Maritime Consortium, Inc., P.O. Box 4070, Annapolis, MD 21403-6070**

Company Account Number: _____

Company Name: _____

NEW CONTACT INFO (Effective Date: _____)

Designated Employer Representative: Address: City: State: ZipCode: Phone: Fax: E-Mail:	_____ _____ _____ _____ _____ _____ _____ _____
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OFF-SEASON CONTACT INFO (Effective Dates _____ to _____)

Designated Employer Representative: Address: City: State: ZipCode: Phone: Fax: E-Mail:	_____ _____ _____ _____ _____ _____ _____
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Months of Operation	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
Vessel ID(s)	_____ _____