

Washington Aviation Association

ANTI-DRUG & ALCOHOL CONSORTIUM

PROGRAM ENROLLMENT

COMPANY: _____
Please type or print name of submitting company

Enter the Effective date to be added to the Random Pool: _____

***Note: If staff is to be enrolled in more than one pool he/she will be entered into the pool requiring the highest level of DOT testing.

Please complete the following information for each new employee:

Name: _____ Employee ID # or SSN: _____

Address: _____

City: _____ State/Prov.: _____ ZIP: _____

Home/Cell Phone: _____ Work Phone: _____

Check Type of Covered Position Random Pool to enroll this staff member into:

- | | | |
|---|--|---|
| <input type="checkbox"/> DOT/FAA Pilot: | <input type="checkbox"/> DOT/FAA Maintenance | <input type="checkbox"/> DOT/FAA Other: _____ |
| <input type="checkbox"/> DOT Highway | <input type="checkbox"/> DOT/FAA Contractor | <input type="checkbox"/> NON DOT Position |