

**WASHINGTON AVIATION ASSOCIATION**

**ANTI-DRUG & ALCOHOL CONSORTIUM**

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**ANTI-DRUG AND ALCOHOL MISUSE PREVENTION**

**RELEASE AND PROGRAM ENROLLMENT**

**COMPANY:** \_\_\_\_\_

*Please type or print name of submitting company*

**Please complete the following information for each new employee**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

DOT/FAA Pilot:      DOT/FAA Maintenance      DOT/FAA Other: \_\_\_\_\_

DOT Highway      DOT/FAA Contractor      NON DOT Position

**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.

**Release of Testing Records**

I, \_\_\_\_\_ by my signature below give specific written consent to the Company listed above and the MRO for the Washington Aviation Association to release individual test results or medical information limited to Pre-Employment, Random, Periodic, Follow-up, Post Accident, Reasonable Cause, Return to Duty drug or alcohol testing about myself to a third party administrator, specifically to the Washington Aviation Association and to Drug Free Business MRO Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_