

WASHINGTON AVIATION ASSOCIATION
ANTI-DRUG & ALCOHOL CONSORTIUM

Phone 253-218-0109
Toll Free 888-329-1114
FAX (253) 671-1114

506 23rd NE
Auburn WA 98002

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: _____