

Please note: There are two forms in the following document.  
Form 502a is for alcohol testing; Form 502d is for drug testing.

# Request for Testing

## Request for Evidential Breath Test for Alcohol Concentration

Name of person to be tested \_\_\_\_\_

### Type of Test: (Check One)

Random

Periodic

Follow-up

Post Accident

Reasonable Cause

Return to Duty

### INFORMATION FOR THE COLLECTION SITE

Report Evidential Breath Analysis of 0.02 or higher to the following Company Drug & Alcohol Program Manager: \*\* AND MAIL RESULTS TO: (NOT THE WAA)

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Employer : \_\_\_\_\_

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

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

Telephone # : \_\_\_\_\_ FAX : \_\_\_\_\_

### TO THE COLLECTING / TESTING FACILITY

1. **BILL TO:** Washington Aviation Association, Inc.  
506 23rd NE  
Auburn, WA. 98002  
Phone 253-939-4273 or 1-888-329-1114 - FAX 253-218-0596
2. **FAX a copy of the Form to:**  
Washington Aviation Association,  
Inc FAX # 253-218-0596
3. **\*\*Mail "ORIGINAL Copy" of the Form to Company Program Manager listed above. \*\***
4. **EMAIL form to adp@washington-aviation.org by clicking button.**



# Request for Testing

## Request for Anti-Drug Specimen Collection

Name of person to be tested \_\_\_\_\_

### Type of Test: (select one)

Pre-Employment

Random

Periodic

Follow-up

Post Accident

Reasonable Cause

Return to Duty

### **INFORMATION TO BE ENTERED ON THE CUSTODY AND CONTROL FORM BY COLLECTION SITE (IF NOT PREPRINTED)**

Company: \_\_\_\_\_

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

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

Telephone # : \_\_\_\_\_ FAX : \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### **TO THE COLLECTING / TESTING FACILITY**

The specimen goes to PAML/PACLAB, 110 West Cliff Avenue, Spokane, WA 99220, Attn Toxicology Dept; If you do not have local PAML/PACLAB pick up, please use UPS (account number 9V33F5) or second choice is FedEx (account number #1110180446)

1. BILL TO: **Washington Aviation Association, Inc.**  
506 23rd NE  
Auburn, WA. 98002  
Phone 253-939-4273 or 1-888-329-1114 - FAX 253-218-0596

2. SEND M.R.O.'s COPY OF CCF FORM TO:  
Dr. Dee McGonigle  
Drug Free Business  
11511 NE 195th Street, #102  
Bothell, WA 98011  
866-448-0651 fax 425-489-0832

3. FAX a copy of the Custody & Control Form to:  
**Washington Aviation Association,**  
**FAX # 253-218-0596**

4. \*\*Mail "Company Copy" of the Custody & Control Form to Company Program Manager listed above.