Request for Evidential DOT Test for Alcohol Concentration

Name of person to be tested			
Type of Test: (Check One)			
Random Follow-up Return to Duty			
Post Accident Reasonable Cause			

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 Phone:		
Employer :			
Address :			
City:	State /Prov:	ZIP:	
Telephone # :	FAX :		

TO THE COLLECTING / TESTING FACILITY.

- 1. BILL TO: Washington Aviation Association, Inc. PO Box 7146 Covington, WA 98042 Phone 253-939-4273 - FAX 253-218-0596
- 2. FAX a copy of the Form to:

Washington Aviation Association

FAX # 253-218-0596

WAA FORM # 502 A (01/01/2020)

Request for FAA Testing

Request for Anti-Drug Specimen Collection

Name of person to b	e tested	
Type of Test: (select	one)	
Pre-Employment Post Accident	Random Reasonable Caus	Follow-up Return to Duty
	TO BE ENTERED ON THE COLLECTION SITE (IF NOT	E CUSTODY AND CONTROL FORM F PREPRINTED):
Company:		
Address:		
City:	State / Pro	ov: ZIP:
		:
Name:	C	ontact Number:
The specimen goes to:	1904 T. W. Alexander Dr Research Triangle Park,	
1. BILL TO:		Washington Aviation Association PO Box 7146 Covington, WA 98042 Phone 253-939-4273 - FAX 253-218-0596
2. SEND M.R	R.O'S COPY OF CCF FORM TO:	Dr. Dee McGonigle Drug Free Business 18912 North Creek Pkwy #202 Bothell, WA 98011 425-488-9755 FAX 425-489-0832
3. FAX a coj	py of the Custody & Control Form	to: Washington Aviation Association, FAX: 253-218-0596
	ompany Copy" of the Custody & Co <mark>OT the WAA)</mark>	ntrol Form to <mark>Company Program Manager listed</mark>