

Request for Testing
Request for Evidential Breath 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

**Request for Testing
Request for Anti-Drug Specimen Collection**

Name of person to be tested _____

Type of Test: (select one)

- Pre-Employment Random 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 Attn. Toxicology Dept.
110 West Cliff Avenue
Spokane, WA 99220

If you do not have local PAML/PACLAB pick up, please use UPS (account number 9V33F5) or second choice is FedEx (account number #118153421)

1. **BILL TO:**

Washington Aviation Association
PO Box 7146
Covington, WA 98042
Phone 253-939-4273 - 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: 253-218-05964**
4. ****Mail "Company Copy" of the Custody & Control Form to Company Program Manager listed above.**