

**Request for Testing**  
**Request for Evidential Breath Test for Alcohol**  
**Concentration**

Name of person to be tested

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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)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Random           | <input type="checkbox"/> Follow-up      |
| <input type="checkbox"/> Post Accident  | <input type="checkbox"/> Reasonable Cause | <input type="checkbox"/> 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)

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|--|---|
| 1. <b>BILL TO:</b>   | <b>Washington Aviation Association</b><br><b>PO Box 7146</b><br><b>Covington, WA 98042</b><br><b>Phone 253-939-4273 - FAX 253-218-0596</b>                      |
| 2. <b>SEND M.R.O's COPY OF CCF FORM TO:</b>  | <b>Dr. Dee McGonigle</b><br><b>Drug Free Business</b><br><b>11511 NE 195th Street, #102</b><br><b>Bothell, WA 98011</b><br><b>866-448-0651 fax 425-489-0832</b> |
| 3. <b>FAX a copy of the Custody &amp; Control Form to:</b>   | <b>Washington Aviation Association, FAX: 253-218-05964</b>  |
| 4. <b>**Mail "Company Copy" of the Custody &amp; Control Form to Company Program Manager listed above.</b> |   |