

**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 #1110180446)

- BILL TO:**  
Washington Aviation Association  
PO Box 7146  
Covington, WA 98042  
Phone 253-939-4273 - FAX 253-218-0596
- 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
- FAX a copy of the Custody & Control Form to: Washington Aviation Association,**  
FAX: 253-218-0596
- \*\*Mail "Company Copy" of the Custody & Control Form to Company Program Manager listed above.**

WAA FORM # 502 D (08/02/2010)