

# 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 253-931-0768
- 2. FAX a copy of the Form to:**  
Washington Aviation Association,  
Inc FAX # 253-931-0768
- 3. \*\*Mail "ORIGINAL Copy" of the Form to Company Program Manager listed above. \*\***
- 4. EMAIL form to [adp@washington-aviation.org](mailto:adp@washington-aviation.org) by clicking button.**