

# Washington Aviation Association

## Anti Drug & Alcohol Program

PO Box 7146  
Covington, WA 98042  
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Phone 253-939-4273  
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### CONSORTIUM MEMBER

#### ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT

New Plan       Plan Amendment

1. Consortium Name: Washington Aviation Association, Inc  
Address: PO Box 7146 City: Covington State: Washington Zip: 98042  
Telephone Number: 253-939-4273 FAX: 253-218-0596

\_\_\_\_\_  
Signature Consortium

\_\_\_\_\_  
ADPMName

\_\_\_\_\_  
Consortium ADPM

\_\_\_\_\_  
Date

2. Company/Operator Name: \_\_\_\_\_

d/b/a (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (voice) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail Address \_\_\_\_\_

3. Company/Operator Antidrug Program Manager (ADPM): \_\_\_\_\_

4. Type of Operator:

FAA Operating Certificate

Issue Date

\_\_\_ Part 121 \_\_\_\_\_

\_\_\_ Part 135 \_\_\_\_\_

\_\_\_ Part 91.147 (air tour) \_\_\_\_\_ N/A \_\_\_\_\_ N/A

\_\_\_ Part 145 (repair station) \_\_\_\_\_

\_\_\_ ATC facility \_\_\_\_\_

\_\_\_ Contractor \_\_\_\_\_

5. Number of Safety-Sensitive Employees:

\_\_\_ Flight Crewmember

\_\_\_ Flight Attendant

\_\_\_ Flight Instructor

\_\_\_ Aircraft Dispatcher

\_\_\_ Aircraft Maintenance

\_\_\_ Aviation Screening

\_\_\_ Ground Security Coordinator

\_\_\_ Air Traffic Control

Total:

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**6. Contractors:** 14 CFR Part 121, 135, 91.147 operators will ensure that any contract company's employees performing covered functions for them are included in an FAA-approved antidrug plan and an alcohol misuse prevention program.

**7. Medical Review Officer (MRO):** As identified in consortium program.

**8. Specimen Collection Procedures:** As listed in consortium program

**9. EAP Education and Training:** As outlined in consortium program.

**10. Testing for Pre-employment, Periodic, Random, Post-Accident, Reasonable Cause/Suspicion, Return to Duty, and Follow-up:** As outlined in consortium program.

**11. Recordkeeping/Confidentiality:** *All employers are responsible for maintaining antidrug program records.* Records will be maintained in accordance with the requirements of 14 CFR Part 120. The company/operator will release drug testing results and rehabilitation information only with the written consent of the employee involved with the exceptions provided in 14 CFR Part 120.

**12. Reporting:** Annual reports of antidrug and alcohol misuse prevention program results will be provided to the FAA in accordance with the requirements of 14 CFR Part 120.

**This plan/amendment supercedes all previously submitted plans/amendments.**

**Company/Operator Certification Statement:**

I certify that I am authorized to represent \_\_\_\_\_ in this matter, that  
(company/operator name)  
the information in this document is correct to the best of my knowledge and belief, and that  
\_\_\_\_\_ will comply with the provisions of the FAA's antidrug and  
(company/operator name)  
alcohol misuse prevention programs regulations. If your consortium is in noncompliance with DOT or FAA regulations, you are responsible for the noncompliance and are subject to FAA sanctions.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Typed name** \_\_\_\_\_ **Title** \_\_\_\_\_