

Washington Aviation Association

Anti Drug & Alcohol Program

PO Box 7146
Covington, WA 98042
adp@washington-aviation.org

Phone 253-939-4273
FAX 253-218-0596

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** _____