

WASHINGTON AVIATION ASSOCIATION
ANTI-DRUG PLAN/AMPP APPLICATION AND CERTIFICATION STATEMENT

NEW PLAN

PLAN AMENDMENT

1. Consortium Name: Washington Aviation Association, Inc
PO Box 7146
Covington, WA Zip: 98042
Phone: 253-939-4273
FAX: 253-218-0596
Email: adp@washington-aviation.org

Valid only with
Corp Seal Above

Approved by: _____ Signature _____ Jamelle R. Garcia Executive Director 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 Managers (ADPM): _____

Company Designated Employer Representative (DER): _____

Primary DER Email Address: _____

Alternate DER (if required or requested): _____

Alternate DER Email: _____

4. Type of Operator: _____ FAA Operating Certificate _____ Issue Date _____

____ Part 121 (Air Carrier) _____

____ Part 135 (Air Taxi) _____

____ Part 91.147 (Air Tour) _____ NA _____ NA

____ Part 145 (Repair Station) _____

____ ATC Facility _____

____ Contractor _____

Number of Safety-Sensitive Employees:

Flight Crewmember: _____ Aircraft Maintenance: _____ Flight Attendant: _____

Aviation Screening: _____ Flight Instructor: _____ Ground Security: _____

Aircraft Dispatcher: _____ Air Traffic Control: _____

5. **Contractors:** 14 CFR Part 121, 135, 91.147 operators will ensure that any contract company's (outside workers or vendors, at any tier) employees performing covered functions for them are included in an FAA-approved antidrug plan and an alcohol misuse prevention program.
6. **Medical Review Officer (MRO):** As identified in consortium program.
7. **Specimen Collection Procedures:** As listed in consortium program
8. **EAP Education and Training:** As outlined in consortium program.
9. **Testing for Pre-employment, Periodic, Random, Post-Accident, Reasonable Cause/Suspicion, Return to Duty, and Follow-up:** As outlined in consortium program.
10. **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.
11. **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 supersedes all previously submitted plans/amendments.

Company/Operator Certification Statement:

I certify that I am authorized to represent _____ in this matter and that 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 anti-drug and alcohol misuse program regulations.

If this consortium is in noncompliance with DOT or FAA regulations, you and your company are responsible for the noncompliance and are subject to FAA sanctions.

Signature: _____

Date: _____

Print Name: _____

Title: _____

* If you are using a PO Box please enter a physical address for supplies and Federal Custody and Control Forms to be mailed to.