

Washington Aviation Association

Anti Drug & Alcohol Program

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CONSORTIUM MEMBER
ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT
 New Plan **Plan Amendment**

1. **Consortium Name:** _____ Washington Aviation Association, Inc. _____
Address: _____ 506 23rd NE _____
City: _____ Auburn _____ **State:** WA **Zip:** _____ 98002 _____
Telephone Number: (voice) _____ (253) 218-0109 _____ **(fax)** _____ (253) 931-0768 _____

Signature Consortium ADPM

Name 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
<input type="checkbox"/> Part 121.	_____	_____
<input type="checkbox"/> Part 135.	_____	_____
<input type="checkbox"/> Part 91.147 (air tour)	N/A	N/A
<input type="checkbox"/> Part 145 (repair station)	_____	_____
<input type="checkbox"/> ATC facility.	N/A	N/A
<input type="checkbox"/> Contractor.	N/A	N/A

5. **Number of Safety-Sensitive Employees:**

Flight Crewmember	_____	Aircraft Maintenance	_____
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security	_____
		Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
Total	_____		_____

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 121, Appendices I and J. 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 121, Appendices I and J.

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 121, Appendices I and J.

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** _____

(Company/Operator ADPM)