

Western Aeromedical Consortium
P.O. Box 3019
Santa Maria, CA 93457-3019
(800) 365-1326 Phone (800) 519-6677 Fax
www.westerneromedical.com

Why Join Western Aeromedical Consortium?

- Western Aeromedical Consortium has been owned and managed by a **certified** Substance Abuse Program Administrator (C-SAPA) since 1989. There are less than 150 individuals in the nation who qualify for this title.
- Western Aeromedical Consortium provides complete turn-key drug and alcohol programs for entities operating under regulations imposed by the Federal Aviation Administration, the Federal Motor Carrier Safety Administration, the Public Utilities Commission, the Highway Patrol, as well as programs for private industry.
- Western Aeromedical Consortium members have a high success rate for drug and alcohol program audits performed by the Federal Aviation Administration and Federal Motor Carrier Safety Administration.
- The Drug and Alcohol Program materials included with membership cover subjects such as: posted documents; regulated Drug and Alcohol Policy (Employee Handouts); Supervisor Handouts; instructions on handling all types of test results including positives, dilute tests results and refusals to test; instructions on performing random selections; etc., as well as multiple **Award Winning** employee and supervisor training series. (3 USBs)
- Western Aeromedical Consortium uses up-to-date certified labs and a Certified Medical Review Officer (MRO).
- Western Aeromedical Consortium utilizes the most sophisticated software available when performing its quarterly random selections and MIS reports are prepared by Western Aeromedical Consortium for the convenience of its members.
- Western Aeromedical Consortium is a member of SAPAA, DATIA, SMV Chamber of Commerce, and the Better Business Bureau.

Thank you for requesting this information. Western Aeromedical Consortium is the only source your company will ever need to satisfy its drug and alcohol testing program needs. Let Western Aeromedical Consortium guide you through the complicated maze of federal rules and regulations so that you can concentrate your time and efforts on running your business. Fill out the attached application and fax or e-mail it back to Western Aeromedical Consortium for faster processing. Applications can also be mailed to Western Aeromedical Consortium at: P. O. Box 3019, Santa Maria, CA 93457.(Applications will not be processed until payment is received)

Let Western Aeromedical Consortium make this step of compliance as pain-free as possible.

Western Aeromedical Consortium

FAA-Mandated APPLICATION FOR MEMBERSHIP AND MANDATORY INFORMATION SUBMISSION FORM

IMPORTANT DATA REQUESTED - PLEASE ENSURE ACCURACY

PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION REQUESTED AND SIGN THE APPLICATION.

Company Name:	Phone Number:
**dba Name:	Secure Fax Number:
Primary Contact Person (Program Manager):	
Primary E-mail:	Would you like results by E-mail:
Alternate Contact Person (Mandatory):	Alternate's Phone Number:
Alternate E-mail	Emergency Phone:
Type of operation: Part 121, Part 135, Part 145 (Repair Station), Sightseeing, Contractor-General Repairs	
Certificate Number: (121, 135 or 145 only):	Date Issued:
Company Name holding the certificate:	
If you are applying for a Part 135, do you offer sightseeing operations (Part 91) at this time?	
Mailing Address:	
City:	State: Zip:
Ground Address:	
Ground City:	Ground State: Ground Zip:
Current FAA Plan Number (if applicable):	Date Issued:
Current Consortium's Name:	Phone Number:
Add'l Certificate Type:	Cert Number: Issued:
** If using a dba, which name would you prefer the drug program listed under:	

This box must be filled out in order for your application to be processed. (You may type or print)

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 DOT/FAA's antidrug and alcohol
(company/operator name)

misuse prevention program regulations.

Signature_____ Date_____

Typed name_____ Title_____

By signing this document you are acknowledging that you will follow and comply with all consortium policies and/or DOT/FAA rules and regulations. If compliance with DOT/FAA rules and regulations, or our consortium's policies, are not met or followed, your membership may be terminated at the discretion of our consortium.

List Each employee only ONCE in the job category they most often perform.

Flight Crewmember: _____

Maintenance/Painting: _____

Flight Attendant: _____

Flight/Grnd Instructor: _____

Flight Testing: _____

Flight Dispatcher: _____

Security/Screening: _____

Air Traffic Control: _____

TOTAL NUMBER OF COVERED EMPLOYEES: _____ (Use additional form if needed)

EMPLOYEE DATA (Required Area. Accuracy is CRITICAL. Please print neatly.)

Employee Name	SSN	Job Title: (Mechanic, Pilot, Etc.)

PRICE LIST / ORDER FORM

Initial Enrollment Membership Fee: - 1 Year (testing fees separate from enrollment fees)

# Employees	Membership Fee	# Employees	Membership Fee
0 - 20	\$160.00	76 - 100	\$440.00
21 - 40	\$220.00	101 - 300	\$625.00
41 - 75	\$330.00	301 and over	inquire

Each additional enrollment year is \$11.00 per employee or a minimum of \$50.00

Membership Enrollment Includes: A detailed and easy to follow Program Manual with an Employee Handout, Supervisor Handout, and required posted documents; 1 employee training USB and 2 supervisor training USBs; random drug and alcohol pool enrollment and selections; assistance with lab statistics and year end MIS reports; and expert telephone support to answer all your drug and alcohol program questions.

Individual Drug Test Prices are: \$69.00* per test. (*Discounts available)

Clinic collection and alcohol testing charges are member's responsibility.

CREDIT CARD ORDER FORM

Credit Card Number: _____ Ex. Date: _____

Card Holder Name: _____ VISA MC Discover AMEX

Signature: _____ CVV Code _____ Total: _____

Check here to keep this card number on file to authorize us to immediately pay for future invoices.
A 2% discount will be applied to any invoice paid with this card number. _____ YES (check here)

How did you hear about us? FAA: ___ Web: ___ Printed Ad: ___ Referral: _____ Other: _____

To submit applications:

Fax: (800) 519-6677 - **OR** - E-mail: nodrugs@westernaeromedical.com
Mail: Western Aeromedical Consortium, P. O. Box 3019, Santa Maria, CA 93457 (800) 365-1326

Service Prices

DOT Split Specimen Urine Drug Screen

\$69.00*

** inquire about available discounts*

Non-DOT Urine Drug Screens - 5 or 11 panel (with or w/out alcohol)

\$60.00 (5 panel)*

\$61.00 (11 panel)*

** inquire about available discounts*

Annual Program Renewal Fees

\$11.00 per person or a minimum of \$50.00

Referral Bonus

\$50.00 **credit**

Refer a new member and receive a \$50.00 credit per each paying referral who signs up for membership

Program Manual (additional or replacement copy)

\$30.00 (plus shipping)

Training USB's (Member Pricing Only)

\$49.00 each (plus shipping)

Audit Assistance Binder (Helpful during Drug Abatement Inspections) Contains \$70.00 per binder** (plus shipping)
Program documentation for past two years such as random notifications, (companies with 1 - 19 employees)
master lists, MIS reports, lab statistical reports, current posters, and donor
and collector instructions. ** Price per binder (plus shipping) - Companies with: 20 -
49 employees = \$85.00

50-75 employees = \$100.00; and 76+ employees = Inquire for pricing

Clinic Locator Fee

\$15.00 per clinic

The first clinic set-up per member is at no charge. This fee is for additional clinic set-ups. See your clinic set-up form for more information.

Records Research

\$20.00 per hour

Extensive research of records/tests. Billed at consortium discretion.

Returned Check Fee

\$25.00 per occurrence

Western Aeromedical Consortium
P. O. Box 3019, Santa Maria, CA 93457
(805) 934-4799 or (800) 365-1326

www.westernaeromedical.com e-mail: nodrugs@westernaeromedical.com

FREQUENTLY ASKED QUESTIONS ABOUT A DRUG AND ALCOHOL TESTING PROGRAM

How long will it take to process my membership application?

It generally takes Western Aeromedical Consortium 1-2 business days to process your application and provide you with proof of membership. Within 1-2 weeks your company's program manual, training materials/videos and testing supplies will be shipped to your office. The program manual provided with your membership contains step-by-step instructions on how to initiate and manage your company's drug and alcohol program. Testing supplies can be sent by overnight courier if required for an additional charge.

Do I need to give my employees notice before testing them?

If your company is required to perform drug and alcohol testing on your safety-sensitive employees pursuant to Department of Transportation (DOT) rules and regulations, then no notice period is required. However, your company is required to post the required information/documents and provide your employees with appropriate handouts concerning the federal regulations and your company's drug and alcohol program. The program manual provided with membership contains all the necessary posters, documents, handouts and training materials required by federal regulations to be posted and given to your safety-sensitive employees.

How often are random tests selected?

Western Aeromedical Consortium selects random tests quarterly (i.e. four times per year) and ensures that the selection percentages are performed according to the required federal regulations. By choosing quarterly, this eliminates the chance of an employee being eligible for random selections twelve times a year (i.e. once a month). Western Aeromedical Consortium has found that quarterly, instead of monthly, random selections are more convenient for its members.

How are my employees notified they need to random test?

When Western Aeromedical Consortium chooses its random quarterly selections, a member's Designated Employer Representative, DER (i.e. individual selected by each company to manage its program) is provided with documentation listing the selected employees (or non-selection, if a company is not chosen to perform random testing). If a company is required to perform employee random testing for that particular quarter, the company's DER chooses the time for testing within the quarter. Instead of Western Aeromedical Consortium notifying a member that an employee should immediately be sent to the clinic for testing, your company's DER is allowed to schedule that testing when it is convenient for your company. Although the employee cannot be notified ahead of time of the required testing, your DER can schedule the test when the employee's brief absence from work for testing would cause the least amount of disruption. That way, your company is in control of its testing program, instead of the testing program being in control of your company.

What if I have a question regarding the drug and alcohol program?

We encourage you to call Western Aeromedical Consortium as often as you need. Although the program manual and accompanying materials are very easy to follow, occasionally situations or questions may arise. Western Aeromedical Consortium is owned and managed by a Certified Substance Abuse Program Administrator (C-SAPA) with 25+ years experience in the drug and alcohol testing field. Its staff is knowledgeable in the federal regulations and are here to help you manage your company's drug and alcohol program in the most effortless and efficient way possible.

Can I put my non-federally regulated safety-sensitive employees in my program?

They can be in a drug testing program but not the same random testing pool as your regulated employees, and they must be tested using different testing supplies. Contact Western Aeromedical Consortium for information on its non-federally regulated, company policy testing programs.

Western Aeromedical Consortium
P. O. Box 3019
Santa Maria, CA 93457
(800) 365-1326 Phone (800) 519-6677 Fax

www.westerneromedical.com

nodrugs@westerneromedical.com