

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. (2 DVDs)
- 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 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

PUC /CHP APPLICATION FOR MEMBERSHIP

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's E-mail	Emergency Phone:	
Type of operation <input type="checkbox"/> Check for CHP <input type="checkbox"/> Check for PUC PUC Application number: _____ :		
Mailing Address:		
City:	State:	Zip:
Ground Address:		
Ground City:	Ground State:	Ground Zip:

TOTAL NUMBER OF COVERED EMPLOYEES: _____

EMPLOYEE DATA (Required Area. Accuracy is CRITICAL) Add additional sheets if necessary

PUC applications must list owner's Drivers License number:	
Driver's Name:	SSN:

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

NOTE: The program includes 2 supervisor training DVDs

(The training materials will mimic our FMCSA DOT program.)

Individual Drug Test Prices are: \$60.00* per test.

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

CREDIT CARD ORDER FORM

Credit Card Number: _____ Ex. Date: _____

Card Holder Name: _____ VISA MC Discover AMEX

Signature: _____ 3 Digit 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? 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

Auditing/Consulting Fee: (FAA Members)

\$400.00 per day plus expenses/travel for **each auditor**

On-site audit with one or two auditors

(number of auditors provided is at consortium discretion)

Complete evaluation of employee/program records

Preparation for FAA Drug Abatement Inspection

Check for availability of auditors. Extensive hours at your facility or preparation for the audit are pro-rated.

Program Manual (additional or replacement copy)

\$30.00 (plus shipping)

Training DVD's (Member Pricing Only)

\$49.00 each (plus shipping)

Audit Assistance Binder (Helpful during Drug Abatement Inspections)

\$70.00 per binder** (plus shipping)

Contains: Program documentation for past two years such as blind reports, random notifications and master lists, MIS reports, lab statistical reports, current posters, and donor and collector instructions.

(companies with 1 - 29 employees)

** Price per binder (plus shipping) - Companies with: 30 - 75 employees = \$85.00

76-100 employees = \$100.00; and 100+ 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