

**CONSORTIUM MEMBER
ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT**

1. Consortium Name: Palmer Investigative Services
 Address: P.O. Box 10760 (624 W. Gurley St., Suite A)
 City: Prescott State: AZ Zip: 86304
 Telephone Number: (voice) 520-778-2170 (fax) 520-445-7204
 Consortium Plan Identification Number: E-WP-00543-U
Robert A. Palmer Robert A. Palmer, Ph.D.
 Signature Consortium ADPM Typed/Printed Name Consortium ADPM
 Date

**RECEIVED - FAA
DRUG ABATEMENT DIVISION**

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2. Company/Operator Name: Wulfsberg Electronics Division/Mary Sla
 d/b/a (if applicable) _____
 Address: 6400 Wilkinson Drive
 City: Prescott, State: AZ Zip: 86301
 Telephone number: (voice) (520)708-1550X504 (fax) (520)708-1553

3. Company/Operator Antidrug Program Manager (ADPM): James Makela X510

4. Type of Operator:

FAA Operating Certificate Issue Date

- Part 121.
- Part 135.
- Part 135.1(c) operator (sightseeing only).
- Part 145 (repair station)
- ATC facility.
- Contractor.

FAA Operating Certificate	Issue Date
N/A	N/A
W7LR1060	12/30/97
N/A	N/A
N/A	N/A

For FAA USE ONLY	
Identification Number	<u>E-WP-00543-U [D-510-001]</u>
APPROVED	<u>C Hammond</u> DATE <u>SEP - 7 2000</u>
Drug Abatement Division, Federal Aviation Administration	

REC'D SEP 15 2000

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	<u>10</u>		

6. **Contractors:** Part 121, 135, 135.1(c) 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. **DHHS-Certified Laboratory(Primary):** As identified in consortium program.

9. **Specimen Collection Procedures:** As listed in consortium program

10. **EAP Education and Training:** As outlined in consortium program.

11. **Testing for Pre-employment, Periodic, Random, Post-Accident, Reasonable Cause/Suspicion, Return to Duty, and Follow-up:** As outlined in consortium program.

12. **Recordkeeping/Confidentiality:** *All employers are responsible for maintaining antidrug program records.* Records will be maintained in accordance with the requirements of 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 part 121, Appendices I and J.

13. **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:

Mary Slaga	
I certify that I am authorized to represent Wulfsberg Electronics DIV this matter, that the (company/operator name)	
information in this document is correct to the best of my knowledge and belief, and that	
Wulfsberg Elec. Div. will comply with the provisions of the FAA's antidrug and (company/operator name)	
alcohol misuse prevention programs regulations. If my consortium is in noncompliance with DOT or	
FAA regulations, WED will be responsible for the noncompliance and be subject to (company/operator name)	
FAA sanctions.	
Signature <u>Mary J. Slaga</u>	Date <u>06/30/00</u>
Signer's Typed Name <u>Mary J. Slaga</u>	Title <u>HR Mang.</u>