



APCA-DC 8440 4th St. N, St. Petersburg, FL 33702
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www.apcadrugtesting.com, info@apcadrugtesting.com
Membership Registration and USCG - DOT Consortium

SECTION 1 PROVIDE THE FOLLOWING INFORMATION FOR ALL JR. MATE REGISTRANTS

Registrant's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Do you hold a USCG Credential / License? **Yes** **No** Reference Number: _____
Last Four Social Security Number: _____ Date of Birth (DOB) _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
Email Address: _____ @ _____

Total Cost Per Registrant Per Year.....\$25.00 to APCA

SECTION 2 MARITIME RELATED EMPLOYMENT (ACTIVE MEMBERSHIP)

If more than one company, use additional forms (front side only)

Registered Employer's Company Name: _____
Employer's Address: _____
Employer's City: _____ State: _____ Zip: _____
Employer's Phone Number: (_____) _____ Fax: (_____) _____
Company's Designated Employee Representative (DER): _____ Title: _____

(If Registered Company's Designated Agent is the Registrant, the below Consent Form must still be signed)

(Sign One OR the Other of the Below Releases)

Consent for Release of Confidential Information (Required if Self-Employed)

The undersigned Registrant is self-employed or the employer's sole "Designated Agent" and is to receive drug test results performed under Random Drug Testing Requirements, Department of Transportation, Coast Guard, 46 CFR Part 16, Chemical Drug Testing Programs for Commercial Vessel Personnel.

As a condition of acceptance of Registrant's Enrollment in APCA's Random Drug Testing Consortium, in full satisfaction of USCG requirements for the establishment of a random drug testing program intended to provide a reasonable deterrent to workplace drug abuse, consent is hereby given to APCA's Consortium Medical Review Officer to concurrently report Registrant's verified POSITIVE drug test results, if any, directly to the Registrant AND USCG District MSO.

This period of consent shall coincide with the period of the Registrant's Enrollment in APCA's Testing Program and should expect to complete any previous action(s) that may have been initialized before requesting to be withdrawn from the APCA's Program.

Self Employed Registrant's Signature: X _____ **Date:** _____

Consent to Release Results to Employers (Required if Company-Employed)

I hereby authorize APCA's Random Testing Program to release the regulated testing records from the random testing program to the listed companies throughout my verified employment with them. This is in accordance with 40 CFR Part 40.25.

Company Employed Registrant's Signature: X _____ **Date:** _____

Section 3 CHOICE OF MEMBERSHIP

Please print your initials on the line next to your desired membership type.
Initials will constitute consent for choice of membership activity.

X _____ **Inactive Membership:** Not subject to the random drug testing program but only good for 6 months. Ideal for those getting their license who don't intend to work on the water.

X _____ **Active Membership:** Subject to random testing as required by 46 CFR 16.230. This membership is for 12 months and can be used for any license, employment, or commercial purpose.

Total Cost Per Registrant Per Year.....25.00 to APCA

Payment Information

Payment Method: Check Number: _____ Money Order (payable to APCA) or Credit Card

Name as it appears on check or credit card: _____

Credit Card Number: _____ Expiration Date: _____

Card's Billing Address Zip Code: _____ Security Code: _____ AMEX Code: _____

Cardholder's Signature (Required for charge): **X** _____ Date: _____

Frequently Asked Questions

Q: What does "Inactive Membership" Mean?

A: You are a member of the APCA Consortium, but not in the random testing pool and will not be called for any random tests. An "Inactive Member's" drug test is only valid for Pre-Employment testing within 4 months or USCG Licensing within 6 months of the collection date. This membership status can be changed to "Active" any time within those 6 months without further testing by calling the APCA, entering the random drug testing pool, and not failing or refusing any random drug test issued for the duration of membership. Duration of membership is one year from the date of the original test taken for admittance into the APCA.

Q. What does "Active Membership" Mean?

A: Active membership means you are registered with the APCA's Random Drug Testing Pool and are subject to random drug tests in accordance to USCG Regulations. Duration of membership is one year from APCA's admittance drug test.

Q: Can I change status from Active and Inactive and back again? I'm a seasonal worker.

A: Yes. You may change your activity as often as necessary so long as you are Active for 60 days in the previous 6 months and do not fail or refuse a random drug test throughout the duration of your membership.

Q: Where can I get more information?

A: You may call (800) 468-7447 to reach the office of the APCA directly, or you may visit www.apcadrugtesting.com

Very Important Notes:

Active Membership is NOT in effect until the receipt of a negative drug test with results verified by our Medical Review Officer (MRO) and a Letter of Compliance is issued and received.

All Memberships will be voided IF YOU FAIL to inform the Consortium of an address change and/or employment changes. Membership fee is NON-REFUNDABLE so make sure you notify changes IMMEDIATELY to (800) 468-7447.

Membership fee is NON-REFUNDABLE if any drug test, random or otherwise, comes back with a verified positive substance. Active Memberships will also become non-renewable.