



Drug Consortium

8440 4th St. N, St. Petersburg, FL 33702

(727) 522-2727 | Fax: (727) 521-4506

www.apcadrugtesting.com

info@apcadrugtesting.com

Jr. Mate Membership Registration Form

SECTION 1: REGISTRANT INFORMATION

Full Name: _____ Date of Birth (DOB): _____
Address: _____ Home Phone: (____) _____
City: _____ Cell Phone: (____) _____
State: _____ Zip: _____ Email Address: _____

Do you hold a USCG Credential/License?

☐ Yes USCG Reference Number: _____

☐ No Full Social Security Number (SSN): _____

Membership Cost: \$ 60.00

Total cost per registrant per year

SECTION 2: EMPLOYER INFORMATION

☐ Self Employed

☒ Company Employed

Company Name: Beach Haven Charter Fishing Assoc.

Company Full Address: _____

Company Phone Number: (609) 670-5980

Company's Designated Employee Representative (DER): Capt. John Lewis

DER Email: CaptJohn22@Comcast.net

DER Phone Number: (609) 670-5980

SECTION 3: PAYMENT INFORMATION

Payment Method:

☐ Check (No. _____)

☐ Money Order (Payable to APCA)

☐ Credit Card

Card Details

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

Billing Address Zip Code: _____ Security Code: _____

Cardholder's Signature: _____

SECTION 4: CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

The undersigned Registrant is self-employed or the Designated Employee Representative (DER) and is authorized to receive drug testing results performed through the APCA random drug testing program as outlined in 46 CFR and 49 CFR.

The undersigned Registrant understands that the Medical Review Officer (MRO) is required to report non-negative drug test results to the employer and regulating agencies, i.e. the local USCG Sector Office. The Registrant consents for the APCA MRO to report Registrant's verified non-negative drug test results to APCA as the Consortium/Third Party Administrator (C/TPA). This period of consent shall coincide with the period of the Registrant's enrollment in APCA and may be withdrawn at any time upon delivery of the Registrant's written notice to APCA.

Registrant's Signature: X_____

Date: _____

IMPORTANT NOTES:

- Membership fees are NON-REFUNDABLE.
- Ensure all information is accurate to avoid delays.
- Notify APCA immediately of any changes to your address or employment.

For questions, call (727) 522-2727 or visit www.apcadrugtesting.com.