

CONSORTIUM MEMBER ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT

New Plan Plan Amendment

1. Consortium Name: WESTERN PATHOLOGY CONSULTANTS AVIATION CONSORTIUM
 Address: 1321 Broadway
 City: Scottsbluff State: NE Zip: 69361
 Telephone Number: (voice) 308 632-7411 (fax) 308 632-6727
 Consortium Plan Identification Number: E-CE-00144-U

Dennis L. Kerns
 Signature Consortium ADPM Dennis L. Kerns 8/15/02
 Typed/Printed Name Consortium ADPM Date

2. Company/Operator Name: Accel Aviation Accessories Inc.
 d/b/a (if applicable) _____
 Address: 11900 Lacy Lane
 City: Fort Myers State: FL Zip: 33912
 Telephone number: (voice) 239-275-8202 (fax) 239-275-7311

3. Company/Operator Antidrug Program Manager (ADPM): Chris Villano

4. Type of Operator:	FAA Operating Certificate	Issue Date
<input type="checkbox"/> Part 121.		
<input type="checkbox"/> Part 135.		
<input type="checkbox"/> Part 135.1(c) operator (sightseeing only).	N/A	N/A
<input checked="" type="checkbox"/> Part 145 (repair station)	T3VR840N	
<input type="checkbox"/> ATC facility.	N/A	N/A
<input type="checkbox"/> Contractor.	N/A	N/A

RECEIVED-FAA
 DRUG ABATEMENT DIV
 2002 SEP -4 PM 1:33

FOR FAA USE ONLY

Identification Number _____

APPROVED _____ DATE _____

Drug Abatement Division
 Federal Aviation Administration

This change to your antidrug/alcohol program has been received and entered OCT 11 2002
C. Bradshaw
 Drug Abatement Division E-CE-00144-U
 Federal Aviation Administration [D-50-040]