

**REPORT OF DOT/FAA-RELATED PROHIBITED ALCOHOL-RELATED CONDUCT
14 CFR PART 67 AIRMAN MEDICAL CERTIFICATE HOLDER**

In compliance with the provisions of 14 CFR Part 120, I am notifying you of prohibited alcohol-related conduct by the following individual who holds an airman medical certificate issued pursuant to 14 CFR Part 67.

Company Name: _____

Airman's Name: _____ Position or Position Applied For: _____

Airman's Social Security Number: _____ Date of Birth: _____

Date removed from the performance of a safety-sensitive function: _____

The airman was removed from the performance of a safety-sensitive function for the following prohibited alcohol-related conduct:

Alcohol Concentration of 0.04 or greater - Alcohol Test Required

- Type of test: Pre-Employment
 Random
 Reasonable Suspicion
 Post-Accident
 Return-to-Duty
 Follow-Up

Date test was conducted: _____

Alcohol Misuse Violation - Alcohol Test Not Required

- On-duty use.
 Pre-duty use.
 Use following an accident.

Date of Alcohol Misuse Violation: _____

I have enclosed the following documentation:

- Breath Alcohol Testing Form; OR
 Documentation supporting determination of on-duty, pre-duty, or post-accident alcohol use violation.

Signature of Notifying Individual: _____

Printed Name and Title: _____ Date: _____

Telephone Number: ☎ _____

Please submit this form to the FAA's Drug Abatement Division, Special Investigations Branch:

Email to aam830@faa.gov OR Fax to (202) 267-5200