

FAA DRUG AND ALCOHOL TESTING PROGRAM REGISTRATION

(Sample form available at: http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/starting/media/RegistrationForm.pdf)

Check Registration Type: New Renewal (CONN _____) Amendment (CONN _____)

Type of Company: Contractor (if you are a part 145 certificate holder, list certificate numbers to be covered under this registration below)
Air traffic control facility not operated by the FAA or by or under contract to the U.S. Military

Company Name: _____

Physical Address: _____

Address _____ City _____ State _____ Zip _____

Check box, if your program records are kept at the physical address location

Mailing Address: _____

Address _____ City _____ State _____ Zip _____

Check box, if your program records are kept at the mailing address location

Records Address: _____

Address _____ City _____ State _____ Zip _____
(The records address, if different, should be the location where FAA would inspect records and not a service agent address.)

List DBA's and/or part 145 certificates covered by this registration, if applicable (use attachment if necessary):

Identify the type of safety-sensitive function(s) included in your program:

- | | | |
|--|--|---|
| <input type="checkbox"/> Flight crewmember duties | <input type="checkbox"/> Aircraft dispatcher duties | <input type="checkbox"/> Air traffic control duties |
| <input type="checkbox"/> Flight attendant duties | <input type="checkbox"/> Ground security coordinator duties | <input type="checkbox"/> Aviation screening duties |
| <input type="checkbox"/> Flight instruction duties | <input type="checkbox"/> Aircraft maintenance or preventive maintenance duties (as defined in 14 CFR part 1 and part 43) | <input type="checkbox"/> Operations control specialist duties |

Please describe the safety-sensitive duties you plan to provide (use attachment if necessary). _____

How many safety-sensitive employees will be covered by this Registration: _____

Indicate whether you are: A Staffing Company Not A Staffing Company

Certification Statement: I certify that I/my company will comply with 14 CFR part 120 and 49 CFR part 40; and I intend to provide safety-sensitive functions, directly or by contract (including subcontract at any tier) to a part 119 certificate holder with authority to operate under part 121 or 135 or an air tour operator as defined under 14 CFR § 91.147; or as an air traffic control facility not operated by the FAA or by or under contract to the U.S. military.

Signature: _____ **Date:** _____
Authorized Designated Employer Representative (Service Agents are prohibited from signing on behalf of company)

Print Name: _____ **Title:** _____

Phone Numbers: Business - _____ Facsimile - _____ Cell - _____

E-mail address: _____

Send form to the FAA's Aviation Safety, Drug Abatement Division at drugabatement@faa.gov or fax to 202-267-5200

DO NOT WRITE BELOW – FOR FAA USE ONLY

FAA Registration number: CONN _____ Registered by: _____

Date Registered/Amended/Renewed: _____ Expiration Date: _____