

**FAA DRUG AND ALCOHOL TESTING PROGRAM REGISTRATION (sample form)**

(Document is located at: [http://www.faa.gov/about/office\\_org/headquarters\\_offices/avs/offices/aam/drug\\_alcohol/starting/media/RegistrationForm.pdf](http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/starting/media/RegistrationForm.pdf))

Check one:  New Registration  Registration Renewal (CONN \_\_\_\_\_)  Registration 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 an inspection would be held, NOT the address of a service agent.)

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:

- Flight crewmember duties
- Flight attendant duties
- Flight instruction duties
- Aircraft dispatcher duties
- Ground security coordinator duties
- Aircraft maintenance or preventive maintenance duties (as defined in 14 CFR part 43)
- Air traffic control duties
- Aviation screening duties
- 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. If I am a contractor, I certify that I intend to provide safety-sensitive functions, directly or by contract, to a part 119 certificate holder with authority to operate under part 121 or 135, an air traffic control facility not operated by the FAA or by or under contract to the U.S. military, or an Air Tour Operator conducting flights under part 91.147.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative (Service Agents may not sign for company)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: Business - \_\_\_\_\_ Facsimile - \_\_\_\_\_ Cell - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Send form to: Federal Aviation Administration, Drug Abatement Division (AAM-810)  
800 Independence Avenue, S.W., Room 806  
Washington, DC 20591  
Fax Number - (202) 267-5200; Email - [drugabatement@faa.gov](mailto:drugabatement@faa.gov) Office Number - (202) 267-8442;

**DO NOT WRITE BELOW – FOR FAA USE ONLY**

FAA Registration number: CONN \_\_\_\_\_ Registered by: \_\_\_\_\_

Date Registered/Amended/Renewed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_