FAA DRUG AND ALCOHOL TESTING PROGRAM REGISTRATION

Registration Type: ◯ **New** ◯ **Renewal for(CONN_____)** ◯ **Amendment for(CONN_____)**

Type of Company:

◯ **Contractor (a non-certificated company performing safety-sensitive functions by contract)**
Indicate whether you are: ☐ **A Staffing Company** ☐ **Not a Staffing Company**

◯ **Multiple Repair Stations (A company with more than one certificated part 145 repair station)**

_____
List repair stations certificate numbers covered by this program registration

◯ **Air Traffic Control Facility not operated by the FAA or by or under contract to the U.S. Military**

If you are attempting to register a program for a part 135 operation, an air tour operation (under 14 CFR § 91.147), or a single part 145 repair station, please call (202) 267-8442, option 7 for guidance before proceeding.

Company Name: _____

Doing Business As: _____

Business Address: (Street)_____ (City)_____ (State)_____ (Zip)_____

Mailing Address: (Street)_____ (City)_____ (State)_____ (Zip)_____

Records Address: (Street)_____ (City)_____ (State)_____ (Zip)_____

(The records address is the location where the FAA would inspect the records you are required to maintain. This should not be the address of a service agent.)

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 Preventative Maintenance duties (as defined in 14 CFR part 1 and part 43)
- ☐ Air Traffic Control duties
- ☐ Aviation Screening duties
- ☐ Operations Control Specialist duties

Provide a one or two sentence description of the safety-sensitive duties the company provides or will be providing below:

_____

_____

Indicate how many safety-sensitive individuals are covered by this Program Registration: _____

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 Company Representative (Service Agents are prohibited from signing for the company)

Print Name: _____ **Title:** _____

Business Phone: _____ **Cell Phone:** _____

Facsimile: _____ **Email Address:** _____

Send the completed form to the FAA's 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:** _____

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

For more information on the FAA drug and alcohol testing program, visit: http://www.faa.gov/go/drugabatement