

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

I am notifying you of alcohol-related conduct by the following individual:

Employer's Name: _____

Employee's Name: _____ Position: _____

Employee's Certificate Number: _____ Date of Birth: _____

Description of Incident: _____

Alcohol Concentration of 0.04 or greater on a non-DOT test:

- ☐ Law Enforcement
- ☐ Company
- ☐ Other (please describe in "Description of Incident" above)

Date test was conducted: _____

I have enclosed the following documentation:

- ☐ Police report;
- ☐ Written statement(s) regarding alcohol-related event; AND/OR
- ☐ Alcohol test result

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