

**REPORT OF DOT/FAA-RELATED DRUG/ALCOHOL REFUSAL:
14 CFR PART 61/63/65 CERTIFICATE HOLDER**

In compliance with the provisions of 14 CFR Part 120, I am notifying you of a refusal to submit to Department of Transportation drug and/or alcohol testing by the following individual.

Company Name: _____

Employee Name: _____ Position or Position Applied For: _____

Employee Social Security Number: _____ Date of Birth: _____

Type of Test:

- Pre-Employment
- Random
- Post-Accident
- Reasonable Cause (Drug)
- Reasonable Suspicion (Alcohol)
- Return-to-Duty
- Follow-Up


Date of Refusal: _____ ▶ Type of : ✓ Drug Alcohol Both

Circumstances: Adulteration Substitution Shy Bladder Other: _____

I have enclosed the following:

- Federal Drug Testing Custody and Control Form (CCF)
- Federal Alcohol Testing Form (ATF)
- Supporting statements and/or documentation

Signature of Notifying Individual Date

Printed Name Title  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