

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)

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:

- | | | |
|--|---|---|
| <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 43) | <input type="checkbox"/> Operations control specialist duties |

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 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: _____