	ND ALCOHOL TESTING PE ttp://www.faa.gov/about/office_org/headquarters			
Indicate if this is a:	 New Registration Registration Renewal Registration Amendment 	A Registration Number		
Type of Company:	 Contractor (if you are a part 145 certif Air traffic control facility not operative 			
Company Name:				
Physical Address:		Same as physical Mailing Address:		
City	State Zip	City	State Zip	
\Box If this is where your j	program records are kept, check box	\Box If this is where your prog	gram records are kept, check box	
	re not kept at either address above, please n where an inspection of your program w			
Address Please list DBA's and/o	or part 145 certificate numbers cover	City State ed by this registration, if app	Zip licable:	
intend to provide safet under part 121 or 135,	re: A Staffing Company	O and 49 CFR part 40. If I am a ntract, to a part 119 certificate I ed by the FAA or by or under of the section of the sect	a contractor, I certify that I holder with authority to operate contract to the U.S. military, or	
Signature:		Date		
Auth	orized Representative (Service Agents are r	not authorized to sign on behalf of	the company)	
Print Name:		Title:		
Business Telephone:	Facs	Facsimile Telephone:		
E-mail address:				
Send this information t		Aviation Administration		
Fax: 202-267-5200 Phone: 202-267-8442	800 Inde	Drug Abatement Division (AAM-810) 800 Independence Avenue, S.W., Room 806 Washington, DC 20591		
FAA Registrati	on number:		OR FAA USE ONLY	
Date Registered	d/Amended:Registrat	ion Expiration Date:		
Revision 8 (09-09-10)		e FAA drug and alcohol testing ffice org/headquarters offices	g program, please visit: s/avs/offices/aam/drug_alcohol/	