FAA Registration Number: _____

FOR FAA USE ONLY

ANTIDRUG AND ALCOHOL MISUSE PREVENTION PROGRAM REGISTRATION FORMAT

Indicate if this is a: _ New Registration _ Registration Amendment
(FAA Registration Number _____)

Type of Company: _ 135.1(c) _ Contractor _ Air traffic control facility not operated by the FAA or by or under contract to the U.S. Military

Company name (include doing business as names (DBA), if applicable): _____

_____

Company address & telephone number (include physical and/or mailing address):

Physical: _____ **Mailing:** _____

_____ _____

_____ _____

Telephone: _____

If your records are not kept at the address listed above, please indicate the business name, address, and telephone number where the records are kept: _____

_____

If this is the name and address of a service agent, please check here _.

_____

Identify the type of safety-sensitive function(s) you perform or intend to perform for an employer:

_ Flight crewmember duties _ Aircraft dispatcher duties _ Air traffic control duties
_ Flight attendant duties _ Ground security coordinator duties
_ Flight instruction duties _ Aviation screening duties
_ Maintenance or preventive maintenance duties

Indicate whether you have:

_ 50 or more safety-sensitive employees. _ 49 or fewer safety-sensitive employees.

I certify that my company will comply with 14 CFR part 121, appendices I and J and 49 CFR part 40, and if you are a contractor, you intend to provide safety-sensitive functions by contract to a part 121 or part 135 certificate holder, a sightseeing operator as defined by §135.1(c), or an air traffic control facility not operated by the FAA or by or under contract to the U.S. military.

Signature: _____ **Date:** _____

Authorized Representative
(Service Agents are not authorized to sign this registration on behalf of the company)

Print Name: _____
Title: _____

Send this information in duplicate to:

FAA/Office of Aerospace Medicine
Drug Abatement Division (AAM-810)
800 Independence Avenue, S.W.
Washington, DC 20591