

DRUG AND ALCOHOL TESTING PROGRAM REGISTRATION FORMAT

(Form is at: http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/forms/media/registration_format.doc)

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

Type of Company: Contractor (if you are a part 145 certificate holder, list all certificate numbers covered under this registration) Air traffic control facility not operated by the FAA or by or under contract to the U.S. Military

Company Name: _____

Physical Address: _____ Mailing Address: _____

City State Zip

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If this is where your program records are kept, check box

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If your program records are not kept at either address above, please indicate address and telephone number where the records are kept (this should be the location where an inspection of your program would be held and would not be the address of a service agent):

Address _____ City _____ State _____ Zip _____

Please list dba's and/or part 145 certificate numbers covered by this registration, if applicable:

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 Aviation screening duties
- Flight instruction duties Maintenance or preventive maintenance duties (as defined in 14 CFR part 43)

Indicate whether you have: 50 or more safety-sensitive employees. 49 or fewer safety-sensitive employees.

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 are not authorized to sign on behalf of the company)

Print Name: _____ Title: _____

Business Telephone: _____ Facsimile Telephone: _____

E-mail address: _____

Send this information in duplicate to:

**FAA/Office of Aerospace Medicine
Drug Abatement Division (AAM-810) Room 806
800 Independence Avenue, S.W.
Washington, DC 20591**

Fax: 202-267-5200
Phone: 202-267-8442

FOR FAA USE ONLY

FAA Registration Number: _____

Registered by: _____

Date Registered: _____ Date Amended: _____