DRUG AND ALCOHOL TESTING PROGRAM REGISTRATION SAMPLE

(Document is located at: http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/starting/media/RegistrationForm.pdf)

Indicate if this is a:
- ☐ New Registration
- ☐ Registration Renewal
- ☐ 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: _____

_____

_____

City State Zip

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

☐ Same as physical

Mailing Address: _____

_____

_____

City State Zip

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

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
- ☐ Flight attendant duties
- ☐ Flight instruction duties
- ☐ Aircraft dispatcher duties
- ☐ Ground security coordinator duties
- ☐ Maintenance or preventive maintenance duties (as defined in 14 CFR part 43)
- ☐ Air traffic control duties
- ☐ Aviation screening duties

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 to:

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

Federal Aviation Administration
Drug Abatement Division (AAM-810)
800 Independence Avenue, S.W., Room 806
Washington, DC 20591

FOR FAA USE ONLY

FAA Registration number: _____

Registered by: _____

Date Registered/Amended: _____ Registration Expiration Date: _____

Revision 8 (09-09-10)

For more information on the FAA drug and alcohol testing program, please visit: http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/