

1. Company Name

3. Address

**SECTION A: COMPANY INFORMATION** 

### **Questions?**

### ORDER FORM for

Background Check Services Effective December 3<sup>rd</sup>, 2021

2. Client ID#

(required)

### CALL +1.703.842.5317 FAX 1.866.768.2881 (alt) 1.800.682.1969

EMAIL <u>services@NATACS.aero</u>
MAIL 9400 Gateway Drive, Suite D, Reno, NV 89521

Members of the National Air Transportation Association ~ Qualify for 10% Discount off Background Check Service Items

4. City		5. Sta	ate		6. Postal Co	de	
7. Company Contact & Title	Name			8. Email			
9. Direct Phone & Extension			10. Secure Number		ed Fax		
SECTION B: EMP	LOYEE / APPLICANT INFO	RMATION					
1. Last Name		2. First Name			3. Midd Name	le	
4. Address					5. Birtho	late *	
6. City		7. Sta	ate		8. Posta	l Code	
9. Position		·	10. Soc	ial Security Numb	per *		
2 Year DOT Drug & Alcohol History Check (Covers all DOT employers within 2-year period)		• 5 Ye Histo	<ul> <li>National Driver Register</li> <li>5 Year DOT Drug &amp; Alcohol History Check</li> <li>Air Carrier Records Check</li> </ul>			DASSP Airman File Check	
SECTION D: ADD	ITIONAL SERVICES						
1. U.S. Employme	S. Employment Verification per employer 1 & 3 \$21.95 2. Motor Vehicle Driv		or Vehicle Drivinș	ng Record Check 1 & 3 \$32.95			
3. National Drive	r Register 2	\$49.95	4. Air Carrier Records Check per employer 3 \$3		s35.95 syer 3		
5. FAA Certificat	e/License Check	\$29.95	6. 5 Year DOT Drug & Alcohol History Check per employer \$39.9				

### SECTION E: SERVICE REPORTS METHOD OF DELIVERY / NOTES

All forms, verifications and reports are posted on <a href="https://info.NATACS.aero.">https://info.NATACS.aero.</a> Company authorized contact may access via secured login.

\$59.95

7. FAA Accident, Incident and Enforcement (AIE) Report

A \$25.90 application-processing fee will be charged for web-enabled services per employee/applicant.

<sup>&</sup>lt;sup>2</sup> NDR documents with original signatures must be MAILED to NATACS for processing.

<sup>&</sup>lt;sup>3</sup> Direct pass-through expenses shall be invoiced.

<sup>\*</sup> If information has been previously entered into the system, only the last four digits of the SSN are required. If the employee/applicant is new to the system, the full SSN and birthdate are required.



### AIRMAN NOTICE AND RIGHT TO RECEIVE COPY – AIR CARRIER AND OTHER RECORDS (PRIA)

Federal Aviation Administration Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

### **NOTICE**

Title 49 U.S.C. § 44703(h)(6) requires the person receiving a records request to notify the individual who is the subject of the request within 20 days after receiving the request, and further entitles the individual the right to receive a complete copy of all Air Carrier And Other Records furnished in response to the request within 30-days after receiving the request.

Title 49 U.S.C. § 44703(h)(7) allows for a reasonable charge for the cost of processing the request and furnishing copies of the requested records.

PART I: AIRMAN NOTICE AND RIGHT TO RECEIV	YE COPY
(Airman Name – First, Middle, Last)	(Airman Certificate Number)
(	(,
Pursuant to 49 U.S.C. § 44703(h)(6), you are hereby notifi	
aubonittad an Ain Camian A	(Air Carrier Name)
(Air Carrier Certificate Number) submitted an Air Carrier A	And Other Records Request (PRIA) dated,
	1 1 40 H C C 0 44702(1)(1)(D) 1 1
(Date) for your records as require	ed under 49 U.S.C. § 44703(h)(1)(B), as amended.
You are hereby notified of your right to receive a copy or response to the aforementioned records request, and that signing, and dating in Part II below. You are also notified	of any and all records furnished by the Air Carrier or Person in at you may request a copy of such records by checking yes, d that an air carrier that maintains, or requests and receives, the ) shall provide you with a reasonable opportunity to submit a the records. (See 49 U.S.C. § 44703(h)(9)).
PART II: AIRMAN REQUEST OR NON-REQUEST  YES, I want a copy of the furnished records.	NO, I do not want a copy of the furnished records.
(Signature)	(Date)
(Not valid unless signed and dated)	
*Mailing address:	
(*Indicates required information	n. See Instructions: Part II, item 3)
Telephone:	



### INSTRUCTIONS

### FAA FORM 8060-11A, AIRMAN NOTICE AND RIGHT TO RECEIVE COPY – AIR CARRIER AND OTHER RECORDS (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

### **NOTICE**

Request will not be deemed valid unless completed as specified below.

This form may be photocopied for use.

This form is available at http://www.faa.gov/pilots/lic cert/pria/ or http://forms.faa.gov/

A separate form must be used for each airman whose records are requested.

Part I – Airman Notice and Right To Receive Copy: To be completed by the Air Carrier or Person receiving the Air Carrier And Other Records Request (PRIA).

All entries must be completed legibly with black or dark blue ink.

- 1. Airman's name and certificate number enter the name and certificate number of the individual who is the subject of the request on FAA Form 8060-11, Air Carrier And Other Records Request (PRIA).
- 2. Air carrier name and certificate number enter the name and certificate number of the air carrier making the request on Air Carrier And Other Records Request (PRIA).
- 3. Date enter the date of the request listed on FAA Form 8060-11, Air Carrier And Other Records Request (PRIA).

Part II – Airman Request or Non-Request For Records: To be completed by Airman/Applicant.

All entries must be completed legibly with black or dark blue ink.

- 1. YES or NO check the appropriate box to indicate whether you DO or DO NOT want a copy of the records furnished. If requested, copies will be mailed to the mailing address provided.
- 2. Signature and date sign in ink using your legal signature and enter the date.
- 3. \*Mailing address -- This information is required to provide notice to the airman that a request for records has been received and of the airman's right to receive a copy of the records provided to the carrier
- 4. Return completed copy to air carrier or person.

### PAPERWORK REDUCTION ACT STATEMENT

Title 49 United States Code (49 U.S.C.) § 44703(h), Records of Employment of Pilot Applicants, as amended, requires all air carriers to request FAA records and Air Carrier and Other Records concerning an individual before allowing that individual to begin service as a pilot. 49 U.S.C. § 44703(h)(8) requires the FAA Administrator to promulgate standard forms to request records. The information entered on the standard forms will be used to facilitate the search and retrieval of the required records. It is estimated that the average burden per respondent associated with this collection of Air Carrier and Other Records is 30 minutes. The requirement to collect and evaluate background information on the pilot, before allowing that pilot to begin service, is mandatory; however, the use of this form is not, although it is highly recommended. An agency may not conduct or sponsor, and a person is not required to respond to, this request for information unless a current and valid OMB control number is prominently displayed. The OMB control number assigned to this collection is 2120-0607.

Form Approved: OMB No. 2120-0607



### AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

### NOTICE

Request will not be deemed valid unless Parts I and II are completed as specified in the instructions.

Pursuant to 49 U.S.C. § 44703(h)(5), the Air Carrier, as a person who receives a request for records under 49 U.S.C. § 44703(h)

(1)(B) shall fu	ırnish a copy o	f such requested records mainta	tained by that person not later than 30 days after receiving the requ	ùest.
<b>PART I:</b> <i>AII</i> To:		AND OTHER RECORDS RA		
(Air Carrier Nar records as red Name:	me) quired under 4		, hereby requests copies of  (Air Carrier Certificate Number) as amended, pertaining to the airman consenting in Part II belo  Title:  (Print—Title of Air Carrier Representative)	ow.
Signature:	(Air Country D.	epresentative)	Date:	
Mail R	(Air Carrier Re Records To:	c/o NATA Compliance Services 9400 Gateway Drive, Suite D		
	Telephone:	Reno, NV 89521 800.788.3210	FAX: 866-768-2881	
I (Print – Air employer	man's First, Midd	dle, and Last Name) er Name) U.S.C. § 44703(h)(1)(B) to the	, consent to and authorize my current or previous	
_	Airm	an Certificate Number(s):		
Signature:	(Not valid unles	ss signed and dated)	Date:	
*Mail	ling address: _	(*Indicates required informati	tion. See Instructions: Part II, item 4)	_
	Telephone:			_



### **INSTRUCTIONS**

### FAA FORM 8060-11, AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Air carriers **should** use this form to request records from current and/or past employers as contemplated under 49 U.S.C. § 44703(h).

#### NOTICE

Request will not be deemed valid unless Parts I and II are completed as specified below.

Pursuant to 49 U.S.C. § 44703(h)(5), a person who receives a request for records under 49 U.S.C. § 44703(h)(1) shall furnish a copy of all such requested records maintained by the person not later than 30 days after receiving the request.

This form may be photocopied for use.

This form is available at http://www.faa.gov/pilots/lic cert/pria/ or http://forms.faa.gov/

A separate form must be used for each airman whose records are requested.

DO NOT use this form to request Pilot Records from the Federal Aviation Administration.

Part I – Air Carrier and Other Records Request (PRIA): To be completed by the hiring Air Carrier.

All entries must be completed legibly with black or dark blue ink.

- 1. To enter the address of the airman's previous employer. (Hiring air carrier may instruct the applicant to make this entry)
- 2. Name, title, and signature enter the name, title, and signature of the person making the request on behalf of the air carrier.
- 3. Date enter the date of the request.
- 4. Mailing address provide a complete company mailing address to which the *air carrier* or *person* will mail the requested records.

Part II - Airman Consent For The Release Of Records: To be completed by Airman/Applicant.

All entries must be completed legibly with black or dark blue ink.

- 1. Name enter your name as it is shown on your airman certificate(s).
- 2. Airman Certificate Number enter your airman certificate number(s). In parenthesis after the certificate number, indicate the type of certificate by using C (Commercial), A (Airline Transport Pilot), F (Flight Instructor) or G (Ground Instructor). If you have multiple certificates with the same certificate number, list the certificate number once and indicate the types of certificates in parenthesis. For example, if you hold an Airline Transport Pilot Certificate as well as Flight Instructor and Ground Instructor Certificates using the same number, you should indicate as follows: Certificate No. 456231234 (A, F, G).
- 3. Signature and Date Sign in ink using your legal signature, then enter the date of the request.
- 4. \*Mailing Address This information is required to provide notice to the airman that a request for records has been received, and of the airman's right to receive a copy of the records provided to the requesting air carrier.

### PAPERWORK REDUCTION ACT STATEMENT

Title 49 United States Code (49 U.S.C.) § 44703(h), Records of Employment of Pilot Applicants, as amended, requires all air carriers to request FAA records and Air Carrier and Other Records concerning an individual before allowing that individual to begin service as a pilot. 49 U.S.C. § 44703(h)(8) requires the FAA Administrator to promulgate standard forms to request records. The information entered on the standard forms will be used to facilitate the search and retrieval of the required records. It is estimated that the average burden per respondent associated with this collection of Air Carrier and Other Records is 30 minutes. The requirement to collect and evaluate background information on the pilot, before allowing that pilot to begin service, is mandatory; however, the use of this form is not, although it is highly recommended. An agency may not conduct or sponsor, and a person is not required to respond to, this request for information unless a current and valid OMB control number is prominently displayed. The OMB control number assigned to this collection is 2120-0607.



Drug and Alcohol History Check (ref: 49 CFR Part 40.25b)
This section requires DOT-regulated operator to check the record of the new employees who were previously employed by a company subject to DOT regulations.

#### Part

Section I: To be completed & signed by the employee/applicant

P	ART I
I. EMPLOYEE/APPLICANT:	
Employee Printed or Typed Name E	mployee Social Security Number
	pany and subject to DOT regulations within the last 5 years. (Check one.)
Yes	No
	and complete the attached release form for each DOT-regulated company
DOT-Regulated Employer:	
which I have applied for, but did not obtain, safety-sensitive testing rules during the past two years. (Check one.)  Yes  If "Yes", provide name of Substance Abuse Professional:  Address:	ment drug or alcohol test administered by a DOT-regulated employer to transportation work covered by the DOT agency drug and alcohol  No
imployee/Applicant Signature Date	

Form Approved: OMB No. 2120-0607



### AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER PRIA AND MAINTAINED UNDER TITLE 49 CODE OF FEDERAL REGULATIONS (49 CFR) PART 40

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

TO:(Previous Employer Name – Printed)			
(Street Address)	(City), (State	, <u>(</u> Z	lip)
I,(Applicant/Employee Name – Printed)	SSN: hav  (OPTIONAL – See the attached Privacy Act state	e applied fo	r employment
(Applicant/Employee Name - Printed) With			authorize the
(Hiring Air Carrier Name – Printed)	(Air Carrier Certificate Number)	, and nereby	authorize the
elease of records from Department of Tran	sportation-regulated drug and alcohol testing of me by my	•	mployer,
C/O NATA Compliance Services (Printed name of the Designated Employer Representative)	FAX Number: 866.768 re (DER) authorized to receive the released records) (Of the hiring		_
understand that this release of 5 years of	records by my previous employer satisfies the requirement CFR § 40.333, and is limited to the following DOT-regulate	its of DOT Coded testing red	Code of Federa cords:
<ol> <li>Confirmed alcohol test results indicat</li> <li>Verified positive drug test results;</li> </ol>	ing an alcohol concentration of 0.04 or greater;		
<ol> <li>Documentation of refusals to take red</li> <li>Documentation of other violations of</li> <li>Substance Abuse Professional (SAP</li> <li>All follow-up test results and schedule</li> <li>Information obtained from previous e</li> </ol>	quired alcohol and/or drug tests (including substituted or a DOT agency drug and alcohol testing regulations; ) reports; es for follow-up tests, including documentation of each ret mployers under 49 CFR § 40.25 concerning drug and/or a rug test results, and confirmed alcohol test results with an	urn-to-duty talcohol viola	test; tions;
Applicant/Employee Signature:	Date:		
	Date: authorization shall be deemed effective and valid as a		
A reproduction of this a	authorization shall be deemed effective and valid as a	n original.	
A reproduction of this a Part II: To be completed by the previous employ	authorization shall be deemed effective and valid as an effective and transmitted by mail or fax to the new en	n original.	
A reproduction of this a Part II:  To be completed by the previous employ on the five year period, prior to the date of the second seco	eauthorization shall be deemed effective and valid as an over (DER) and transmitted by mail or fax to the new enthe employee's signature in Part I, for DOT regulated testing	n original.	
A reproduction of this a Part II: To be completed by the previous employen the five year period, prior to the date of the 1. Did the employee have any confirment	yer (DER) and transmitted by mail or fax to the new enthe employee's signature in Part I, for DOT regulated testing alcohol tests with a concentration of 0.04 or higher?	n original. nployer.	NO NO
A reproduction of this a Part II: To be completed by the previous employen the five year period, prior to the date of the 1. Did the employee have any confirme 2. Did the employee have any verified process.	yer (DER) and transmitted by mail or fax to the new enthe employee's signature in Part I, for DOT regulated testing alcohol tests with a concentration of 0.04 or higher?	n original. nployer. ng: YES	NO
A reproduction of this a Part II: To be completed by the previous employ in the five year period, prior to the date of the 1. Did the employee have any confirme 2. Did the employee have any verified part 3. Did the employee refuse to be tested	yer (DER) and transmitted by mail or fax to the new enthe employee's signature in Part I, for DOT regulated testing alcohol tests with a concentration of 0.04 or higher?	n original.  nployer.  ng:  YES  YES	NO NO NO
A reproduction of this a Part II: To be completed by the previous employen the five year period, prior to the date of the 1. Did the employee have any confirme 2. Did the employee have any verified part 3. Did the employee refuse to be tested 4. Did the employee have other violation	yer (DER) and transmitted by mail or fax to the new enthe employee's signature in Part I, for DOT regulated testing alcohol tests with a concentration of 0.04 or higher?  positive drug tests?  draws of DOT agency drug and/or alcohol testing regulations	n original.  nployer.  ng:  YES YES YES ? YES	NO NO NO
A reproduction of this a Part II: To be completed by the previous employ on the five year period, prior to the date of the second of the employee have any confirment of the employee have any verified part of the employee refuse to be tested to be the second of the employee have other violations. Did a previous employer report a drugs.	yer (DER) and transmitted by mail or fax to the new en the employee's signature in Part I, for DOT regulated testing alcohol tests with a concentration of 0.04 or higher? consitive drug tests?  It?  It is not possible to the new end of the employee's signature in Part I, for DOT regulated testing alcohol tests with a concentration of 0.04 or higher?  It is not possible to the employee to possible to the employee complete the employee complete the	n original.  nployer.  YES YES ? YES YES	NO NO NO
Part II:  To be completed by the previous employ  n the five year period, prior to the date of t  1. Did the employee have any confirme  2. Did the employee have any verified p  3. Did the employee refuse to be tested  4. Did the employee have other violation  5. Did a previous employer report a drug of the altogram	yer (DER) and transmitted by mail or fax to the new en the employee's signature in Part I, for DOT regulated testing alcohol tests with a concentration of 0.04 or higher? consitive drug tests?  It?  It is not possible to the new end of the employee's signature in Part I, for DOT regulated testing alcohol tests with a concentration of 0.04 or higher?  It is not possible to the employee to possible to the employee complete the employee complete the	n original.  nployer.  ng:  YES YES ? YES YES yES ports and fo	NO NO NO NO NO
A reproduction of this a  Part II: To be completed by the previous employ In the five year period, prior to the date of the second of the employee have any confirmed and the employee have any verified process.  Did the employee refuse to be tested and the employee have other violation of the employee have	yer (DER) and transmitted by mail or fax to the new en the employee's signature in Part I, for DOT regulated testind alcohol tests with a concentration of 0.04 or higher?  Dositive drug tests?  Dons of DOT agency drug and/or alcohol testing regulations are and/or alcohol rule violation to you?  Dove items, did the employee complete the  N/A  Tide the appropriate return-to-duty documentation (SAP re	n original.  nployer.  ng:  YES YES ? YES YES yES ports and foell as negative.	NO NO NO NO NO NO NO ve results.

## U.S. Department

## of Transportation Federal Aviation Administration

### INSTRUCTIONS

# FAA FORM 8060-12, AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER PRIA AND MAINTAINED UNDER TITLE 49 CODE OF FEDERAL REGULATIONS (49 CFR) PART 40

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Air Carriers **should** use this form to request the appropriate records from current and/or past employers as contemplated under 49 U.S.C. § 44703(h), Records of Employment of Pilot Applicants, As Amended.

NOTICE: This request is for the 5-year period preceding the date of the employee's signature in Part I of this form. This request will not be deemed valid unless Parts I and II are completed as specified. Pursuant to 49 U.S.C. § 44703(h)(5), a person who receives a request for records under 49 U.S.C. § 44703(h)(1) shall furnish a copy of all such requested records maintained by the person not later than 30 days after receiving the request. An additional copy must be furnished to the subject of this request only if that person has so indicated on the attached FAA Form 8060-11A, by checking the 'YES' block. See the note to the previous employer at the bottom of FAA Form 8060-12. This form may be photocopied for use, or is available on the Internet at <a href="http://www.faa.gov/pilots/lic cert/pria/">http://www.faa.gov/pilots/lic cert/pria/</a> or <a href="http://www.faa.gov/pilots/lic cert/pria/">http://forms.faa.gov/</a>
This form is to be used as an attachment to FAA Forms 8060-11 and 8060-11A. A separate form must be used for each airman whose records are requested. Do not use with FAA Forms 8060-10 or 8060-10A.

### Part I: To be completed by the new employer and signed by the applicant/employee. All entries must be completed legibly with black or dark blue ink.

- 1. TO enter the name and address of the applicant/employee's previous employer.
- 2. Enter the name and SSN of the applicant/employee. (SSN is optional see Privacy Act statement below)
- 3. Enter the name and air carrier certificate number of the requesting employer.
- 4. Enter the name of the Designated Employer Representative authorized to receive the released records.
- 5. Signature signature of the applicant/employee.
- 6. Date enter the date of the request

### Part II: To be completed by the previous employer (DER). DER is assigned IAW 49 CFR Part 40. All entries must be completed legibly with black or dark blue ink.

- 1. DER answers questions 1 through 6, and prepares copies of the required supporting documents.
- 2. Enter the name of the Designated Employer Representative authorized to release the requested records.
- 3. Enter the phone / Email address / FAX numbers of the person (DER) providing the requested records.
- 4. Enter the date that the requested records have been prepared and forwarded to the new employer.

### PAPERWORK REDUCTION ACT STATEMENT

Title 49 United States Code (49 U.S.C.) § 44703(h), Records of Employment of Pilot Applicants, as amended, requires all air carriers to request FAA records and Air Carrier and Other Records concerning an individual before allowing that individual to begin service as a pilot. 49 U.S.C. § 44703(h)(8) requires the FAA Administrator to promulgate standard forms to request records. The information entered on the standard forms will be used to facilitate the search and retrieval of the required records. It is estimated that the average burden per respondent associated with this collection of Air Carrier and Other Records is 30 minutes. The requirement to collect and evaluate background information on the pilot, before beginning service, is mandatory; however, the use of this form is not, although it is highly recommended. An agency may not conduct or sponsor, and a person is not required to respond to, this request for information unless a current and valid OMB control number is prominently displayed. The OMB control number assigned to this collection is 2120-0607.

#### PRIVACY ACT STATEMENT

The information on the accompanying form is solicited under authority of Title 49 U.S.C. § 44703(h), Records of Employment of Pilot Applicants, as amended, and maintained under Title 49 Code of Federal Regulations (49 CFR) Part 40. The purpose of this data is to be used to determine the suitability of a pilot applicant being considered by an air carrier for employment. The routine use of this information, after the request has been completed, allows a hiring air carrier to evaluate the professional competence and suitability of a pilot applicant, before extending a firm offer of employment to that pilot. Submission of the SSN is voluntary; however, disclosure of the SSN could facilitate the retrieval of the appropriate records which are usually maintained in alphabetical order and/or cross-referenced with the airman certificate number and/or SSN. Failure to disclose the SSN could result in a delayed, incorrect, or negative response to this request, caused by the possible misidentification of the records, or the failure to identify the appropriate records of the person who is the subject of this request.



### **INSTRUCTIONS**

### FAA FORM 8060-13, NATIONAL DRIVER REGISTER RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Air carriers **should** use this form to request the appropri at records from the National Driver Registry as contemplated under 49 U.S.C. § 44 703(h). Complete Instructions for the use of this form, as well as procedural information concerning the request of NDR records, are provided on the official PRIA website as listed below.

### **NOTICE**

Request will not be deemed valid unless Parts I, II, and III are completed as specified below.

This form may be photocopied for use.

This form is available on the Internet at <a href="http://www.faa.gov/pilots/lic\_cert/pria/">http://www.forms.faa.gov/</a>
A separate form must be used for each airman whose records are requested.

Use of the date of birth, social security number, or other information for which there may be a reasonable expectation of privacy, is optional. However, use of this information, at the applicant's discretion, could facilitate the retrieval of the appropriate records required by this request IAW PRIA. (See the Privacy Act Statement)

Part I – *National Driver Register (NDR) Records Request:* To be completed by the hiring Air Carrier. All entries must be completed legibly with black or dark blue ink.

The hiring air carrier enters their name and air carrier certificate number. Personal information concerning the applicant is then entered into the respective spaces, with the date-of-birth and social security number being disclosed ONLY at the discretion of the applicant. The air carrier must ensure that complete mailing instructions are included with this request.

Part II - Consent To The Release Of Records: To be completed by the applicant.

All entries must be completed legibly with black or dark blue ink.

The applicant must read and understand the statement, and then authorize the request and release of the appropriate NDR records by signing and dating the form in the indicated spaces. A notarized signature MAY be required by the state.

### Part III - Notice To The Prospective Employee.

The air carrier representative must ensure that the applicant is aware that a request for the appropriate NDR records will be made IAW PRIA, and that a copy of the records, once received, will be furnished to the applicant if they so desire. A legible copy of this form must be furnished to the applicant after being completed and signed. ID verification in **III(a)** is to be completed by the air carrier representative when the application is made in person. ID verification in **III(b)** is to be completed when the application is NOT made in person. The respective state MAY also require a notarized signature.

### PAPERWORK REDUCTION ACT STATEMENT

Title 49 United States Code (49 U.S.C.) § 44703 (h), Records of Employment of Pilot Applicants, as amended, requires all air carriers to request FAA records and Air Carrier and Other Records concerning an individual before allowing that individual to begin service as a pilot. 49 U.S.C. § 44703 (h) (8) requires the FAA Administrator to promulgate standard forms to request records. The information entered on the standard forms will be used to facilitate the search and retrieval of the required records. It is estimated that the average burden per respondent associated with this collection of FAA Records is 10 minutes. The requirement to collect and evaluate background information on the pilot, before allowing that pilot to begin service, is mandatory; however, the use of this form is not, although it is highly recommended. An agency may not conduct or sponsor, and a person is not required to respond to, this request for information unless a current and valid OMB control number is prominently displayed. The OMB control number assigned to this collection is 2120-0607.

SEE PRIVACY ACT INFORMATION BELOW

### NATIONAL DRIVER REGISTER RECORDS REQUEST (PRIA)

#### PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

- (a) Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:
- The type of certificates and ratings held, limitations, date of issuance and certificate number;
- The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
- The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
- Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
- Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.
- (b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.
- (c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.
- (d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.
- (e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.
- (f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).
- (g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.
- (h) Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.
- (i) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.
- (j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.
- (k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.
- (l) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.
- (m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.
- (n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78) For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

### REGISTER RECORDS CHECK (NDR)

**Who:** State of Florida Department of Highway Safety and Motor Vehicles will no longer process out-of-state Requests for National Driver Register (NDR) File Checks on Current or Prospective Employee of Air Carriers.

**What**: Processing of NDR will require a New Form 8060-13, available via <a href="http://info.natacs.aero/support/order-forms">http://info.natacs.aero/support/order-forms</a>

When: Starting October 25, 2016, NATACS will no longer process the State of Florida NDR form.

**Where:** New Form 8060-13 is available via <a href="http://info.natacs.aero/support/order-forms">http://info.natacs.aero/support/order-forms</a>

How: All requests must use form 8060-13 and

\*\*\* ALL requests must be notarized \*\*\*

Why: This new process will REDUCE the turn time for employers to receive results.

Need Assistance? Call 1.703.842.5317 or email info@NATACS.aero



### NATIONAL DRIVER REGISTER RECORDS REQUEST (PRIA)

Federal Aviation Administration

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

		NDR, as a person who r R records concerning all			U.S.C. § 44703(h)(1)(C), receiving the request.
This request authorize National Driver Regis below. This search is information entered in	es the National Highv ster (NDR) for inform to be limited to information in the part of the NDR in the part	TER (NDR) RECORDS A way Traffic Safety Admin mation pertaining to me, a rmation about revocation ast 5 years from the date take available to me any N	nistration (NHTS) and to provide the as or suspensions s of the employmer NDR information	e results to the prospecti still in effect on the date and application. Upon mareceived as a result of	ive employer listed te of the request or ny written request, the this search.
(Air Carrier Name)	C/O NATA Complia	ance Services $\frac{1}{1}$ , $\frac{1}{1}$	r Carrier Certificat	, hereby reque	ests records pertaining to:
(Full Legal Name – f	irst, middle, last)	(Date Of Birth	h)	, (Social Securit	ty Number – optional)
(Other Names Used -	- maiden prior name,	, nickname, professional	name, other. If no	one, enter 'none')	
(Driver License Num	iber and State)	$\frac{1}{\text{(Gender)}}$ ,	(Eye Color)	,(Height)	(Weight)
		400 Gateway Drive esting air carrier at this		no NV 89521	
which shall be sent or contain a records mat states, which will be r required: (1) to verify records pertaining to With my notarized sig	and the prospective ching my identification and on this report. If the identification; or the identification; or the from the NDR to a gnature, (If notarization)	anderstand that the Nation employer listed on this factor; or, (2) that the NDR is A separate and addition r, (2) to obtain the driving verify their accuracy.  Attion is required) I herebying reports to be sent to the	form. The report of has a probable ide hal check of state fig record. Under the half of th	will indicate either: (1) entification (pointer rec files, as a result of the p he Privacy Act, I have to time file search of NL	o that the NDR does not cord) from one or more pointer record, would be the right to request  OR related records
(Signature Of Applic	ant)			(Date Of Sign	nature)
being provided with a	U.S.C.) § 44703(h)(6 a completed copy of the	CTIVE EMPLOYEE  6) Records of Employmenthis form, that the above and of your right to receive	air carrier will sub	omit an FAA Records F	Request (PRIA) for your
	. For Official ID Ve			III(b). Notarizat	
Date Received:	Date Sent:	Internal Control:			Request is NOT made in r by the respective state.
	VD	Addid Passport Military Discharge  f identification used.)		ty oftary Public	day ofstate of
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