Questions?

CALL +1.703.842.5317
FAX +1.866.768.2881
EMAIL services@NATACS.aero
MAIL 9400 Gateway Drive, Suite D, Reno, NV 89521

ORDER FORM for
Background Check Services
Effective December 30, 2022

SECTION A: COMPANY INFORMATION

1. Company Name		2. Client ID # (required)
3. Address		
4. City	5. State	6. Postal Code
7. Company Contact Name & Title	8. Email	
9. Direct Phone & Extension	10. Secured Fax Number	

SECTION B: EMPLOYEE / APPLICANT INFORMATION

1. Last Name	2. First Name	3. Middle Name
4. Address		5. Birthdate *
6. City	7. State	8. Postal Code
9. Position	10. Social Security Number *	

SECTION C: REQUEST SERVICE TYPE (BACKGROUND CHECK PACKAGES)

1) **2 Year Drug & Alcohol History $69.95**	2) **Basic PRIA Package 2 & 3 $199.95**	3) **DASSP Airman $59.95**
• 2 Year DOT Drug & Alcohol History Check (Covers all DOT employers within 2-year period)	• National Driver Register • 5 Year DOT Drug & Alcohol History Check • Air Carrier Records Check	• DASSP Airman File Check

SECTION D: ADDITIONAL SERVICES

1. U.S. Employment Verification per employer 1 & 3	**$21.95**	2. Motor Vehicle Driving Record Check 1 & 3	**$32.95**
3. National Driver Register 2	**$49.95**	4. Air Carrier Records Check per employer 3	**$35.95**
5. FAA Certificate/License Check	**$29.95**	6. 5 Year DOT Drug & Alcohol History Check per employer	**$39.95**
7. FAA Accident, Incident and Enforcement (AIE) Report	**$59.95**		

SECTION E: SERVICE REPORTS METHOD OF DELIVERY / NOTES

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

[1] **A $25.90 application-processing fee will be charged for web-enabled services per employee/applicant.**

[2] NDR documents with original signatures must be MAILED to NATACS for processing.

[3] Direct pass-through expenses shall be invoiced.

* 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.

National Air Transportation Association
NATA
COMPLIANCE SERVICES

2 Year 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 I

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

Section I: To be completed & signed by the employee/applicant
Section II: To be completed by new/existing employer
Section III: To be completed by the employee/applicant (on each DOT-regulated company going back 2 calendar years)
Section IV: To be completed and signed by previous DOT-regulated employer provided by employee in Section III.

PART I

I. EMPLOYEE/APPLICANT:

_____   _____
Employee Printed or Typed Name   Employee Social Security Number

1. I have been employed by one (or more) DOT-regulated company and subject to DOT regulations within the last 24 months. (Check one.)

☐ Yes   ☐ No

If "Yes", provide name(s) of DOT-Regulated employer(s) and complete the attached release form for each DOT-regulated company.

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

2. I have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which I have applied for, but did not obtain, safety-sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past two years. (Check one.)

Yes   No

If "Yes", provide name of Substance Abuse Professional: _____

Address: _____

City,State,Zip: _____

Phone: _____

Fax: _____

_____   _____
Employee/Applicant Signature   Date

Part I	Part II
Section I: To be completed & signed by the employee/applicant	Section I: To be completed & signed by the employee/applicant
	Section II: To be completed by new/existing employer
	Section III: To be completed by the employee/applicant (on each DOT-regulated company going back 2 calendar years)
	Section IV: To be completed and signed by previous DOT-regulated employer provided by employee in Section III.

Note: One form must be completed per previous DOT-covered employer:

PART II

I. EMPLOYEE/APPLICANT:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section III*, to the employer listed in *Section II*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section IV* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

_____   _____   _____

(Signature)Employee/Applicant   **(Print.Name)Employee/Applicant**   **DATE**

II. NEW (or existing) EMPLOYER:

_____   _____

New Employer Name   **Designated Employer Representative (if known)**

_____

Address

_____   _____

Phone #   **Fax #**

III. PREVIOUS EMPLOYER (ONE FORM PER PREVIOUS DOT-COVERED EMPLOYER FOR 2 YEARS PRIOR TO START DATE OF COVERED POSITION OR FROM AUGUST 1, 2001 – WHICHEVER IS LATER):

_____   _____

Previous Employer Name   **Designated Employer Representative (if known)**

_____

Address

_____   _____

Phone #   **Fax #**

Section IV. To be completed by the previous employer and transmitted by FAX to NATACOMPLIANCE SERVICES +1.866.768.2881

IV. While employed ~

1. Did the employee have alcohol tests with a result of 0.04 or higher?   Yes ☐   No ☐
2. Did the employee have verified positive drug tests?   Yes ☐   No ☐
3. Did the employee refuse to be tested?   Yes ☐   No ☐
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?   Yes ☐   No ☐
5. Did a previous employer report a drug and alcohol rule violation to you?   Yes ☐   No ☐
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?   N/A ☐   Yes ☐   No ☐

Or   No Records/Information available on Applicant/Employee ☐

NOTE: If you answered "yes" to any of the above items, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).

_____   _____

Name of person providing information   Title

_____   _____

Phone #   Date

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One Source...
One Stop...
One Solution