



Questions?

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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 <ul style="list-style-type: none">2 Year DOT Drug & Alcohol History Check (Covers all DOT employers within 2-year period)	2) Basic PRIA Package 2 & 3 \$199.95 <ul style="list-style-type: none">National Driver Register5 Year DOT Drug & Alcohol History CheckAir Carrier Records Check	3) DASSP Airman \$59.95 <ul style="list-style-type: none">DASSP Airman File Check
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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.

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<https://info.NATACS.aero>



ORDER FORM BACKGROUND CHECK SERVICES

Employer:

Employee Full Name:

Employee Social Security Number:

F. EMPLOYEE INFORMATION:

Provide the most recent 10 years of background information. Please ensure there are **NO GAPS** that are unaccounted for. If you were **unemployed** for any period of time, please use a space to indicate the time period you were unemployed. Use a space for **military time**, provide a **DD Form 214** verifying the dates. **Make sure the phone numbers are correct.** Please provide explanations for any gaps in employment of more than 12 months during the previous ten-year period.

Employer/Company Name Address City State Country

Phone Job Title Start Date (MM/YY) to End Date (MM/YY) Supervisor's Name

Employer/Company Name Address City State Country

Phone Job Title Start Date (MM/YY) to End Date (MM/YY) Supervisor's Name

Employer/Company Name Address City State Country

Phone Job Title Start Date (MM/YY) to End Date (MM/YY) Supervisor's Name

Employer/Company Name Address City State Country

Phone Job Title Start Date (MM/YY) to End Date (MM/YY) Supervisor's Name

Employer/Company Name Address City State Country

Phone Job Title Start Date (MM/YY) to End Date (MM/YY) Supervisor's Name

G. PROFESSIONAL CERTIFICATE VERIFICATION INFORMATION:

FAA A&P License Number

FCC License Number

Other License Type/Number

Other License Type/Number

H. MOTOR VEHICLE RECORD:

Driver's License Number

State of Issue

Expiration Date

Date of Birth

I. PILOTS ONLY: (To be filled out by Employer)

Download forms directly from the NATACS's website: <http://info.natacs.aero/support/order-forms>

FAX completed forms to +1.866.768.2881.

FAA RECORDS REQUEST (PRIA) (LETTER OF AGENCY REQUIRED)

AIR CARRIER RECORDS REQUEST

NATIONAL DRIVER REGISTER (NDR) RECORD REQUEST (ORIGINAL REQUIRED)



ORDER FORM BACKGROUND CHECK SERVICES

Employer:

Employee Full Name:

Employee Social Security Number:

J. RELEASE AND CONSENT FOR A BACKGROUND CHECK:

I certify that all answers given here in this 5 page form are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give _____ (hereafter referred to as "EMPLOYER") and its agent NATA Compliance Services (hereafter referred to as "AGENT"), permission to contact appropriate parties, and hereby release EMPLOYER and its AGENT from all liability as a result of such contact. I hereby consent to allow the AGENT to conduct the above stated background checks on me, and to report the results of such a check to EMPLOYER. I understand and authorize the release of all such information to EMPLOYER and AGENT

I agree that EMPLOYER may, at its sole discretion, deny me employment, require that I be removed from a temporary assignment or discharge me from employment if the information received in the investigation is considered unfavorable by EMPLOYER. Any offer of employment or continuing employment (if currently employed) by EMPLOYER is subject to and conditioned upon EMPLOYER'S review of such information.

In the event of an offer of employment, subsequent employment, and/or continuing employment, I understand that false, misleading or omitted information in my application/background check information shall be grounds for withdrawal of an offer of employment or discharge at any time.

Notice to Applicant/Employee regarding consumer rights under the Fair Credit Reporting Act:

The Fair Credit Reporting Act (FCRA) governs the activities of consumer credit reporting agencies, as well as the users of the information procured from these agencies. A consumer report contains information on a consumer's (job applicant's) character, reputation, and other personal data. Employers to screen job applicants procure these reports. Employer agrees to comply with all aspects of the Fair Credit Reporting Act and any applicable Federal or State equal employment opportunity law or regulation.

Among other things, the FCRA prohibits Users (Employers) from obtaining consumer reports unless the Employer discloses to the applicant, in writing, (The "REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION" form) that such a report may be acquired. This disclosure must be in the form of a document that consists solely of the disclosure that a consumer report may be obtained for employment purposes. This release must also state that if the employer denies employment based on the information from an AGENT report, the applicant may make written inquiry requesting a disclosure of the nature and scope of the investigation.

If an applicant makes such a request, AGENT will supply a complete and accurate disclosure of the nature and scope of the investigation within five days of the request. AGENT will reexamine any item the applicant holds to be incorrect at no additional charge and, if necessary, supply a corrected report to the original requester. AGENT keeps copies of each investigation for a period of not less than one year.

If a consumer reporting agency or user of such information willfully fails to comply with and FCRA requirements, the Consumer Reporting Agency and its agents are responsible to the subject of the report. AGENT complies with all the regulations set forth by the FCRA.

In addition, any individual who knowingly and willfully obtains information from a consumer reporting agency under false pretenses will be fined not more than \$5000.00 and imprisoned not more than one year or both.

AGENT complies with and supports all provisions of the Fair Credit Reporting Act (FCRA). We urge all employers to review its restrictions and requirements. The Act's citation is Public Law 91-508, Title 15, U.S.C. Sections 1681, et seq. Please note, particularly, the Permissible Purposes of Reports, as well as requirements on Users of Consumer Reports and Obtaining Information Under False Pretenses.

I have read this release and consent form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

EMPLOYEE/APPLICANT SIGNATURE

PRINT NAME

SOCIAL SECURITY

DATE